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Survey of Non-Institutionalized Physically Handicapped Persons in Ontario

Socio-Demographic
and Need-Related Characteristics

July, 1982

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**SURVEY OF NON-INSTITUTIONALIZED
PHYSICALLY HANDICAPPED PERSONS IN ONTARIO**
Socio-Demographic and Need-Related Characteristics



EXECUTIVE SUMMARY

The survey attempted to find out how many physically handicapped people were living outside institutions, their characteristics and needs.

The report indicates that, on average, there is one physically handicapped person for every five households in Ontario (expressed as 0.19 handicapped persons per dwelling).

The survey population was stratified through five planning regions with further subdivisions of five population densities. Data were collected in three stages. The field work took place between March and September, 1980.

Of the 15,948 dwellings selected initially, 12,764 (80 per cent) responded to a mail questionnaire or telephone interview. From those responses, 2,423 physically handicapped persons were identified and 1,764 (73 per cent) were interviewed.

The interviews covered two main areas:

- 1) Socio-demographic characteristics — age, sex, language, birthplace, marital status, relationship to head of household, family size, education, income and occupational status.
- 2) Physical problems including functional limitations, and need-related characteristics — activities of daily living, mobility and transportation, housing, recreation, impact of the handicap on family, employment and job training, extra costs attributable to the handicap, wants and expectations.

The responses from the 1,764 persons interviewed provided the data on which this report is based.

The principal findings of the survey are presented in six exhibits and 69 tables. Criteria were developed to ensure that the tables produced could be a basis for factually-based discussions between the voluntary and government agencies responsible for planning and funding programs for physically handicapped people.

Details of the survey methods and limitations of the data are discussed. Copies of the instruments used in the survey are included in appendices to this report.



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INTRODUCTION

Background

Research was contracted for this survey in response to requests from several interest groups concerned with physically handicapped people.

The object of the study was to provide reliable and current data on the number of physically handicapped in the province. Further, the study was to determine the nature, degree and cause of their handicaps and how they coped. The statistical data were intended for use in planning and program development by volunteer agencies and government departments.

Guidance

A steering committee developed the study's terms of reference and guided the research. The committee was composed of representatives from the Ministries of Health, Labour and Community and Social Services, the Provincial Secretariat for Social Development, and four voluntary agencies for the physically handicapped. (Membership list follows).

Funding

The Ministry of Health of the Province of Ontario funded the Survey of Non-Institutionalized Physically Handicapped Persons in Ontario as well as four background studies and two minor surveys. It was decided to publish the findings of the Survey of Non-Institutionalized Physically Handicapped Persons (known as the Household Survey) because the data were valuable in highlighting the variation and range of characteristics of the physically handicapped in Ontario.

Contractors

The studies were conducted, under contract, by Boston, Gilbert, Henry Associates, with J.W. Gilbert (now of J.W. Gilbert Associates) as project director. Stephen Levy Research Associates (now Levy-Coughlin Partnership Ltd.) and Market Perspectives were sub-contractors.

Technical advice

Dr. L.W. Chambers of the Department of Clinical Epidemiology and Biostatistics at McMaster University provided technical advice during the production of this report.

Expected users

The reports and data file are expected to be used by government agencies at all levels, planning agencies, volunteer agencies relating to the handicapped, contract research firms, researchers and students.

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I. Objectives of the Survey of Non-Institutionalized Physically Handicapped Persons in Ontario

(i) *Information Needs*

The Survey of Non-institutionalized Physically Handicapped Persons in Ontario (Household Survey) was designed to provide better information about the socio-demographic and need-related characteristics of physically handicapped people. Both voluntary agencies and government planners had indicated the need for more information about physically handicapped people in order to plan and evaluate programs aimed at this group. The Household Survey's purpose was to fill the gap in information about physically handicapped people who were not in institutions.

(ii) *Definition of Handicapped*

In preparation for the Household Survey, a literature review, focus groups sessions, and delphi survey sought to arrive at a conceptual definition of the terms "impairment," "disability," and "handicap." (See Section II, subsection (vi) Other Related Studies and Surveys) However, in order to conduct the survey, an operational definition of the term "handicapped" was needed. A sample of households throughout the province was selected and a member of each household was requested to complete and return a mailed questionnaire. This "Physical and Health Problems in the Household" questionnaire (see Appendix i) asked the respondent to report any individuals in the household with the listed problems. The "physical and health problems" listed in the questionnaire were:

- someone requires special transportation services or modifications to a car or van to get about,
- someone is blind or has serious difficulty seeing even with glasses,
- someone cannot speak or has serious difficulty speaking,
- someone is deaf or has serious hearing problems,
- someone does not have full use of a leg, arm, hand or foot, or wears an artificial limb, brace or other assisting device,
- someone uses a wheelchair, cane, walker or other aid to get about,
- someone needs the assistance of another person in getting about outside or moving around inside,
- someone cannot stand or has difficulty with balance,
- someone cannot walk up or down stairs,
- someone has to stay in bed all or most of the day,
- someone has severe pain from a condition which has existed for a long time or is expected to last for some time,
- someone is unable to work at all or to work regularly,
- someone is receiving rehabilitation treatment,
- someone requires special schooling programs,
- someone has to stay indoors most or all of the time,
- someone is limited in recreational or sport activities,
- someone requires a lot of extra care,
- someone receives medicine or medical treatment on a regular basis to control a condition which could be disabling, such as diabetes, epilepsy, kidney or heart disease, etc.

If at least *one* person in the household, had at least *one* of these physical or health problems, the household was telephoned in order to exclude: (1) people who were four years of age or less, and (2) people whose physical or health problems could be attributed to emotional or mental problems, senility or mental retardation.

The households with persons not excluded on the telephone for the above reasons, and who had one or more of the “physical and health problems”, were considered to be households with “handicapped” persons. The Household Survey, therefore, includes only interviews completed with these “handicapped” persons.

(iii) Organization of this report

The findings of this report are presented in tables according to the socio-demographic and need-related characteristics of the non-institutionalized physically handicapped. The socio-demographic characteristics are presented first. These include age, sex, language, birthplace, marital status, relationship to head of household, family size, education, income and occupational status. The next section describes the nature of physical problems and functional limitations. Need-related characteristics are described last. This section focuses on activities of daily living, mobility and transportation, housing, recreation, impact of the handicap on the family, employment and job training, extra costs related to the handicap, wants and expectations.

This report on the findings of the Household Survey of physically handicapped persons presents the basic results and indicates the potential in the data base. Further analyses can be conducted on the computer tape file.

II. Survey Methods, Sample Design, Data Limitations and Related Studies

(i) Coverage

The Household Survey of physically handicapped persons covers non-institutionalized people in Ontario, excluding children four years and under as well as people whose “physical or health problems” could be attributed to emotional or mental problems, senility or mental retardation. The survey field work took place between March and September, 1980. This report is based on data collected for the Household Survey during this period.

(ii) Data Items and Data Collection

Locating non-institutionalized handicapped people was difficult, and required the use of three separate contacts with the households in the sample. First, one person in all sampled households was mailed a “Physical and Health Problems in the Household” questionnaire. If this were not returned in two weeks, a reminder postcard was sent. If no reply were received after a further two weeks, a personal letter was mailed, signed by the Minister of Health. He asked the respondent to complete and return an enclosed “Physical and Health Problems in the Household” questionnaire. (See Appendix i).

In the second stage, households listing one or more people with “physical and health problems”, in response to the mail questionnaire, and households not responding to the mail questionnaire, were contacted by telephone, with up to five callbacks. Persons who did not return the mail questionnaire were administered the questionnaire over the phone. The phone interview was used to obtain names and ages of handicapped people for easy identification by the face-to-face interviewer, and also to apply the exclusion criteria. In addition permission to conduct the face-to-face interview was sought. (Instructions and Data Sheets for the telephone interviews are in Appendix ii).

Third, confirmed physically-handicapped people were visited at their home by an interviewer who conducted the socio-demographic and need-related interview questionnaire (See Appendix iii for a copy of the “Ontario Health Survey of Special Populations” questionnaire and Appendix iv for Interviewer Instructions and Coding Directions).

Exhibit 1 (page 6) summarizes the three contacts and the data items collected. Each contact is associated with the form or data collection instrument used.

Twenty-five interviewers, residing in 13 cities across the province, conducted the personal interviews. More than 90 percent of the interviewers had experience working with handicapped people, either professionally or through volunteer work. Some of the interviewers were social workers, nurses or teachers.

All interviewers received an intensive two-day training course in Toronto. The course covered survey design, definitions to be used in the socio-demographic and need-related interview questionnaire, questionnaire content and interpretation, and interview role-playing. Each interviewer conducted an interview, which was critiqued as part of the training course. The first 10 to 15 interviews conducted in the field by each interviewer were individually edited and verified by the field co-ordinator. Problems were then discussed. Ten percent of the respondents were called back, re-interviewed and the responses verified with the original interviews. Coding on all interviews was checked.

(iii) *Sample Design*

The geographic area used in the Household Survey was the Province of Ontario. It was stratified initially by regions:

- *Central* – Durham, Haliburton, Metro Toronto, Muskoka, Northumberland, Peel, Peterborough, Simcoe, Victoria and York,
- *Central West* – Brant, Dufferin, Haldimand-Norfolk, Halton, Hamilton-Wentworth, Niagara, Waterloo, and Wellington,
- *South West* – Bruce, Elgin, Essex, Grey, Huron, Kent, Lambton, Middlesex, Oxford and Perth,
- *North* – Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming,
- *East* – Dundas, Frontenac, Glengarry, Grenville, Hastings, Lanark, Leeds, Lennox & Addington, Ottawa-Carleton, Prescott, Prince Edward, Renfrew, Russel and Stormont.

Each region was further stratified according to five population density levels:

- 500,000 or more,
- 115,000 – 499,999,
- 20,000 – 114,999,
- 5,000 – 19,999, and
- less than 5,000.

Communities (or population centres) were selected within regional and population-density strata, according to the number of communities in the stratum. This resulted in the following communities with populations of 115,000 or more being included: Toronto, Hamilton, Niagara Region, Kitchener-Waterloo, London, Windsor and Ottawa.

When there were more than three communities with populations less than 115,000, communities were randomly selected for inclusion in the survey. The selections were made without replacement, and at each stage the probability of selection was proportional to municipality size. A minimum of at least two communities were selected in each stratum. In the North/rural (less than 5,000 population) stratum, only one community was included because of the high cost of interviewing in the rural north.

EXHIBIT 1

Sequence Of Activities And Contacts During The Household Survey Of Non-Institutionalized Physically Handicapped Persons In Ontario

	Activity	Data Collection Instrument	Data
First Contact	Draw Sample of Households Questionnaire Mailed to Households	"Physical and Health Problems" Mail Questionnaire (See Appendix i)	Partial Identification of the "Handicapped" Sub-population in the Sample
Second Contact	(a) Telephone Nonresponders to Administer Questionnaire (b) Telephone Responders with One or More "Physical or Health" Problems	Instructions to Telephone Interviewers and Respondent Log Sheets (See Appendix ii)	Final Identification of "Handicapped" Sub-Population in the Sample, Satisfying Inclusion and Exclusion Criteria
Third Contact	Face-to-Face Interview in Home of Handicapped Person	"Ontario Health Survey of Special Populations" Questionnaire (See Appendix iii)	Socio-Demographic, Disability and Need Related Characteristics of the Handicapped

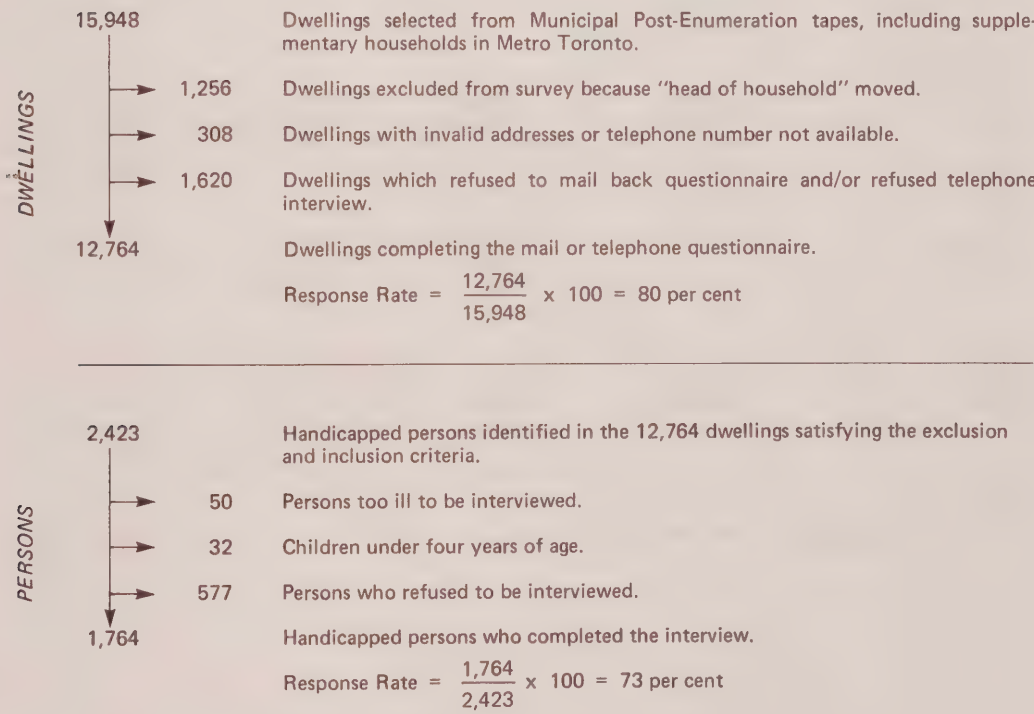
Once the initial mail contact portion of the survey had been completed, the Metro Toronto response was observed to be relatively lower than other strata. An additional sample of 20 per cent of dwellings in this stratum was used to compensate for the initially low response.

Municipal post-enumeration tapes, which contain basically the same information as the municipal assessment roles, were used to select a sample of dwellings in the communities of each stratum. The head of each dwelling was identified on the computer tape and was sent the mail questionnaire. Selection of dwellings was not truly random because approximately 0.5 per cent of heads of dwellings were duplicated on the computer tapes. Some questionnaires were returned incomplete because the person identified no longer lived in the dwelling. Some were re-directed to the new address and completed. Among those dwellings where people had moved, a 10 per cent sample was surveyed at their new address with a telephone interview.

Exhibit 2 (page 7) shows the pattern of response achieved in surveying dwellings, then physically handicapped people in the dwellings. The top part of this figure indicates responses to the mail and telephone contacts for dwellings; the lower part reports on responses when attempts were made to interview persons defined as handicapped. The number of dwellings and handicapped persons in the "no response" categories are included in the figure. The ratio of the number of handicapped persons per dwelling was 2,423/12,764 or 0.19.

EXHIBIT 2

Pattern Of Response To The Household Survey



Of 15,948 dwellings contacted, 80 per cent responded to either the "Physical and Health Problems in the Household" mail questionnaire and/or this questionnaire administered by telephone. Of the 2,423 physically handicapped persons subsequently identified, 1,764 persons (73 per cent) completed the socio-demographic and need-related interview questionnaire. This group of 1,764 persons provided the data on which this report is based.

Exhibit 3 (page 8) shows the response rate achieved in the region and population-density strata for the 2,423 physically handicapped persons. The table also indicates the names of the communities selected for the survey in each strata. For example, 85 per cent of handicapped people identified in Ottawa completed the questionnaire.

EXHIBIT 3

Strata Used In Survey, Indicating Municipalities Selected By Planning Region And Population Density With Response Rate (RR) Expressed As Percentage

Planning Region	POPULATION DENSITY				
	500,000 Plus	115,000—499,999	20,000—114,999	5,000—19,999	4,999 and Less
<i>Central</i> (Combined RR 68)	Metro Toronto (RR 67)		Oshawa Whitby Brampton Barrie (RR 67)	Bracebridge Bradford (RR 83)	Manvers Sherbourne Cramahae (RR 72)
<i>Central West</i> (Combined RR 77)		Hamilton Niagara Region Kitchener- Waterloo (RR 76)	Guelph Brantford (RR 89)	Dunnville Nanticoke (RR 84)	Flamborough Melancthon (RR 77)
<i>South-West</i> (Combined RR 68)		London Windsor (RR 70)	Chatham Woodstock (RR 61)	Port Elgin Amherstberg (RR 82)	Harwich Norwich Clinton (RR 64)
<i>North</i> (Combined RR 78)			Thunder Bay North Bay (RR 80)	Rayside Belfour Fort Francis (RR 76)	Sioux Lookout (RR 73)
<i>East</i> (Combined RR 83)		Ottawa (RR 85)	Kingston Cornwall (RR 85)	Trenton Gananoque (RR 77)	Sidney Marmora L'Original (RR 84)
Combined RR	67	73	76	82	74

Finding — The overall response rate was 73 per cent.

Exhibits 4, 5 and 6 show the distribution of age, sex and physical problem first-mentioned (respectively) for people who refused to be interviewed (No. = 577) and those who were interviewed (No. = 1,764).

EXHIBIT 4 **Ages of Handicapped People Who Refused Interview and Those Who Were Interviewed**

Age Group	Refused		Interviewed	
	No.	%	No.	%
0 - 4	2	0.3	3	0.2
5 - 9	8	1.4	43	2.4
10 - 14	13	2.3	38	2.2
15 - 19	15	2.6	58	3.3
20 - 24	7	1.2	33	1.9
25 - 29	11	1.9	41	2.3
30 - 34	22	3.8	63	3.6
35 - 39	12	2.1	59	3.3
40 - 44	21	3.6	93	5.3
45 - 49	30	5.2	118	6.7
50 - 54	37	6.4	168	9.5
55 - 59	53	9.2	239	13.5
60 - 64	49	8.5	237	13.4
65 - 69	63	10.9	232	13.2
70 - 74	43	7.5	159	9.0
75 - 79	24	4.2	105	6.0
80 - 84	23	4.0	50	2.8
85 and over	15	2.6	22	1.2
Missing	129	22.4	3	0.2
Total	577	100.0	1764	100.0

EXHIBIT 5 **Sex of Handicapped People Who Refused Interview and Those Who Were Interviewed**

Sex	Refused		Interviewed	
	No.	%	No.	%
Male	304	52.7	834	47.3
Female	270	46.8	930	52.7
Missing	3	0.5	0	0.0
Total	577	100.0	1764	100.0

EXHIBIT 6 First-mentioned Physical Problem of Handicapped People Who Refused Interview and Those Who Were Interviewed

First-mentioned Physical Problem	Refused		Interviewed	
	No.	%	No.	%
Endocrine/Metabolic/Nutritional				
Diabetes	25	4.3	75	4.3
Thyroid	2	0.3	12	0.7
All other gland diseases	0	0	4	0.2
Obesity	1	0.2	3	0.2
Other Endocrine-Metabolic	2	0.3	2	0.1
Sub-Total	30	5.1	96	5.5
Neurological				
Epilepsy	23	4.0	36	2.0
Multiple Sclerosis	4	0.7	16	0.9
Cerebral Palsy	4	0.7	16	0.9
Parkinson's Disease	3	0.5	9	0.5
Ataxias — Other	0	0	9	0.5
Pain — Unspecified	2	0.3	2	0.1
Headaches	1	0.2	9	0.5
Nerves — Damaged	5	0.9	15	0.9
Spinal Cord Injury	1	0.2	27	1.5
Brain Damage	2	0.3	7	0.4
Polio	5	0.9	19	1.1
Other Neurological	5	0.9	2	0.1
Sub-Total	55	9.6	167	9.4
Cardiovascular/Arteriovascular				
Congenital Cardiovascular	3	0.5	5	0.3
Acquired Cardiovascular	85	14.7	234	13.3
Hypertension	42	7.3	86	4.9
Stroke	13	2.3	58	3.3
Other Peripheral Vascular	13	2.3	39	2.2
Blood Related Disease	4	0.7	14	0.8
Sub-Total	160	27.8	436	24.7
Respiratory				
Asthma	9	1.6	56	3.2
Chronic Bronchitis	4	0.7	14	0.8
Emphysema	6	1.0	32	1.8
All Allergies	2	0.3	12	0.7
Cystic Fibrosis	1	0.2	3	0.2
Tuberculosis	0	0	2	0.1
Lung-Reduced	3	0.5	10	0.6
Other Respiratory	0	0	2	0.1
Sub-Total	25	4.3	131	7.5
Neoplasm				
All Cancers	21	3.6	32	1.8
Tumors, Cysts & Other	1	0.2	8	0.5
Sub-Total	22	3.8	40	2.3

First-mentioned Physical Problem	Refused		Interviewed	
	No.	%	No.	%
Musculoskeletal				
Rheumatoid Arthritis	58	10.1	181	10.3
Degenerative Arthritis	5	0.9	34	1.9
Muscular Dystrophy	0	0	11	0.6
Orthopaedic Spine	44	7.6	174	9.9
Orthopaedic Limbs	32	5.5	94	5.3
Upper Amputation	6	1.0	6	0.3
Lower Amputation	2	0.3	16	0.9
Bursitis	1	0.2	6	0.3
Burns	0	0	4	0.2
Skin Disorders	2	0.3	14	0.8
Spina Bifida	0	0	3	0.2
Other Congenital Anomalies	6	1.0	4	0.2
Hydrocephalus	0	0	2	0.1
Cleft Palate	0	0.0	2	0.1
Gout	1	0.2	8	0.5
Other Musculoskeletal	2	0.3	7	0.4
Sub-Total	159	27.4	566	32.0
Sight Impairment				
Total Blindness — Congenital	0	0	3	0.2
Partial Blindness — Congenital	3	0.5	7	0.4
Acquired Total Blindness	1	0.2	9	0.5
Acquired Partial Blindness	19	3.3	58	3.3
Sub-Total	23	4.0	77	4.4
Hearing Impairment				
Profound Deafness — Congenital	4	0.7	9	0.5
Partial Deafness — Congenital	12	2.1	16	0.9
Profound Acquired Deafness	4	0.7	10	0.6
Partial Acquired Deafness	52	9.0	104	5.9
Disorders of Inner Ear	4	0.7	7	0.4
Hearing Impaired — Unspecified	1	0.2	6	0.3
Sub-Total	77	13.4	152	8.6
Alimentary				
Stomach	2	0.3	14	0.8
Intestines — Both	1	0.2	16	0.9
Liver and Gall Bladder	0	0	9	0.5
Other Digestive	2	0.3	2	0.1
Kidneys and Urogenital	6	1.0	24	1.4
Hernia	3	0.5	9	0.5
Other Alimentary Unspecified	3	0.5	4	0.2
Sub-Total	17	2.8	78	4.4
Speech Impairment				
Partial Congenital Speech	1	0.2	5	0.3
Partial Acquired Speech	2	0.3	4	0.2
Other Unspecified Speech	2	0.3	2	0.1
Sub-Total	5	0.8	11	0.6
Missing	4	0.7	10	0.6
TOTAL	577	100.0	1764	100.0

(iv) *Data Processing*

Socio-demographic and need-related interview questionnaire data were recorded on computer readable files. The coding for every questionnaire was edited by the field supervisor; however, not every question was edited. Further editing was done by keypunch verification, visual consistency checks and computerized consistency checks.

The visual consistency checks were done on a small set of questions for all questionnaires before keypunching began. The computerized consistency check was much more extensive, and was performed on all questions in a small subset of questionnaires. This check consisted of listing possible and impossible values for each question, especially where there was branching in the sequence of questions. On any question for which there was more than a two per cent variation from the "appropriate" response, the responses were investigated to determine if an error existed. All identified errors were corrected.

This report is based on the data file, consisting of one computer record for each of 2,423 physically handicapped persons, but the majority of tables refer to the subset of data pertaining to the 1,764 completed questionnaires.

(v) *Data Limitations*

The comments that follow are provided for the users of the tables to indicate the reliability of the data in statistical terms. While these comments might seem negative to the casual reader, they are essential to the continuing use of the data by researchers.

Interpretation of the data presented in these tables has to take into account the methods used in their derivation. Survey errors can be categorized into two types: sampling error and non-sampling error. Sampling error arises because the sample does not include every non-institutionalized physically handicapped person in the province. This leads to a degree of uncertainty in generalizing about this population from the sample. Non-sampling error could occur if the dwellings contacted and the handicapped people interviewed were not truly representative.

In preparing this report, the decision was made to limit sampling error by only reporting tables for which more than 90 per cent of the group had responded. Tables were generated only for sub-groups of 100 respondents or more. Data for health-region and population-density strata were not reported separately because of the small number of respondents (average stratum size was 88 respondents) for each stratum. These data are available on the computer file but the amount of sampling error for any one stratum may be large.

Information about handicapped people who refused interviews was characterized and compared with those interviewed (see Exhibits 3, 4, 5 and 6, pages 8, 9, 10). The high (80 per cent) response-rate for the sampling of dwellings and the moderately high (73 per cent) response-rate of the sampling of handicapped persons suggest that errors due to non-response are not particularly large (see Exhibit 2 and 3). During the course of the survey, earlier returns contained a disproportionately higher number of "physical and health problems" than later returns. Also, those who had not responded to the mail questionnaire were followed up with a telephone inquiry. Relatively few physically handicapped people were located in this group. Therefore, despite the moderately high response rate of handicapped people, it appears that the coverage of handicapped people in the dwellings sampled was very high.

As shown in Appendix ii, the telephone interviewers in this survey had considerable control over who was considered to be, or not to be, handicapped. No systematic review of the reliability of these decisions was reported by the private firms responsible for conducting the survey. The number of telephone interviews is not known. Finally, no specific instructions for administering the mail questionnaire over the phone are available for inclusion in this report. All of these factors raise concerns about the consistency in the use of the definition of "handicapped."

Coding of physical problems and functional limitations could give rise to systematic error (for example, inter-coder variation). Information about the presence of such errors or attempts to reduce the possibility of such errors were not reported by the private consulting agencies responsible for this aspect of the survey.

In the physical problems and functional limitations tables, (except for Table 12) only the first-mentioned problems, as opposed to second, third, or fourth-mentioned problems, were reported. However, this information is available on the computer file.

Because of some concerns about interpretation of some questions in the socio-demographic and need-related interview questionnaire, the analyses performed for this report have been restricted to those questions which met the following criteria:

- the meaning of the question was clear;
- instructions in the questionnaire that respondents answer only certain questions applicable to them were straightforward;
- the meaning of the response categories could be understood by the respondent without interpretation by the interviewer.

The body of data meeting these criteria is significant and will support factually based discussion between the voluntary and government agencies responsible for planning and funding programs for physically handicapped people.

(vi) *Other Related Studies and Surveys*

To complete the Household Survey, other related studies and surveys were instituted at the same time. They included:

- a literature review of the definitions and state-of-the-art services for physically handicapped people,
- focus group sessions of individuals with varying physical handicaps to clarify the meaning of terms such as "impairment", "disability", and "handicap",
- a delphi survey of service providers to obtain a consensus definition of "impairment", "disability" and "handicap",
- a survey of organizations providing services to handicapped persons. Information was sought on medical, self-help, educational, vocational-rehabilitation, housing, employment, transportation, counselling, recreation, information and other services,
- an institutional survey to obtain information about the socio-demographic and need-related characteristics of handicapped persons in institutions,
- a survey of physically handicapped persons identified from the registers of voluntary agencies representing persons with the following specific disorders; multiple sclerosis, spinal cord injury, cerebral palsy, cystic fibrosis, muscular dystrophy, and spinal cord injury.

Data from the two surveys concerning handicapped persons in institutions, and registered with voluntary organizations are available on a computer tape. Statistics derived from a combination of the preliminary data from these two surveys and the Household Survey have been published in a document (January, 1982) by the Ontario Manpower Commission entitled "Employment and the Physically Handicapped in Ontario."

Readers of this present report on the Household Survey should be aware that two other surveys of the non-institutionalized handicapped were completed about the same time by other governmental agencies. These are: "The Health of Canadians -- Report of the Canada Health Survey", Ministry of Supply and Services, Ottawa, 1981, and "A Profile on the Support Service Needs of the Physically Handicapped," Ministry of Community and Social Services, Toronto, 1981. All three surveys were conducted independently, and each used a different questionnaire. Planners and evaluators should be able to obtain useful information from all three surveys.

III. Tables

These tables are based on responses on file for the 1,764 completed interview questionnaires. Some tables have fewer than 1,764 observations because either the question was not applicable to all respondents, or the response was not recorded on the computer file.

If available, the actual wording of the question used in the interview has been reproduced verbatim beneath the title of each table, and reference given to the module and question in the "Ontario Health Survey of Special Populations" questionnaire. (Appendix iii)

(i) SOCIO-DEMOGRAPHIC CHARACTERISTICS

TABLE 1: Number and Percentage of Respondents by Five-Year Age Group and Sex

What is your date of birth?
MODULE 2-2

		SEX			
AGE GROUP		MALE	FEMALE	TOTAL	
				No	%
0 - 4	No.	2	1	3	0.2
	%	66.7	33.3	100.0	
5 - 9	No.	26	17	43	2.5
	%	60.5	39.5	100.0	
10 - 14	No.	22	16	38	2.2
	%	57.9	42.1	100.0	
15 - 19	No.	33	25	58	3.3
	%	56.9	43.1	100.0	
20 - 24	No.	13	20	33	1.9
	%	39.4	60.6	100.0	
25 - 29	No.	26	15	41	2.3
	%	63.4	36.6	100.0	
30 - 34	No.	30	33	63	3.6
	%	47.6	52.4	100.0	
35 - 39	No.	29	30	59	3.4
	%	49.2	50.8	100.0	
40 - 44	No.	43	50	93	5.3
	%	46.2	53.8	100.0	
45 - 49	No.	52	65	117	6.7
	%	44.4	55.6	100.0	
50 - 54	No.	75	90	165	9.4
	%	45.5	54.5	100.0	
55 - 59	No.	108	130	238	13.6
	%	45.4	54.6	100.0	
60 - 64	No.	120	117	237	13.5
	%	50.6	49.4	100.0	
65 - 69	No.	116	116	232	13.2
	%	50.0	50.0	100.0	
70 - 74	No.	64	94	158	9.0
	%	40.5	59.5	100.0	
75 - 79	No.	44	60	104	5.9
	%	42.3	57.7	100.0	
80 - 84	No.	17	33	50	2.9
	%	34.0	66.0	100.0	
85 - Over	No.	10	12	22	1.3
	%	45.5	54.5	100.0	
TOTAL:	No.	830	924	1754	100.0
	%	47.3	52.7	100.0	

TABLE 2: Number and Percentage of Respondents by Language

What is the language you most often speak
(if speech impaired, use "understand".)
MODULE 2-7

LANGUAGE SPOKEN	No.	%
English	1522	86.3
French	67	3.8
Arabic	1	0.1
Baltic	1	0.1
Chinese	4	0.2
Czech-Slovak	1	0.1
German	19	1.1
Greek	3	0.2
Innuity	1	0.1
Italian	50	2.8
Hungarian	10	0.6
Netherlandic	11	0.6
Polish	10	0.6
Portuguese	17	1.0
Romanian	2	0.1
Russian	2	0.1
Scandinavian	4	0.2
Spanish	3	0.2
Ukrainian	14	0.8
Yugoslavian	3	0.2
Others	16	0.9
Missing	3	0.2
TOTAL:	1764	100.0

TABLE 3: Number and Percentage of Respondents by Birthplace

Where were you born?
MODULE 2-8

BIRTHPLACE	No.	%
British Columbia	3	0.2
Alberta	12	0.7
Saskatchewan	36	2.0
Manitoba	34	1.9
Ontario	1026	58.2
Quebec	82	4.6
Newfoundland	18	1.0
Nova Scotia	29	1.6
New Brunswick	24	1.4
Prince Edward Island	6	0.3
North West Territories	1	0.1
United States of America	33	1.9
British Isles	171	9.7
Western Europe	162	9.2
Eastern Europe	83	4.7
West Indies	6	0.3
Middle East	11	0.6
South America	7	0.4
Africa	3	0.2
Far East	8	0.5
Other	9	0.5
TOTAL:	1764	100.0

TABLE 4: Number and Percentage of Respondents by Marital Status Category

What is your present Marital Status?
MODULE 2-3

		SEX			
MARITAL STATUS		MALE	FEMALE	TOTAL	
Single	No.	138	109	No.	
	%	55.9	44.1	247	14.2
				100.0	
Married	No.	628	566	1194	68.7
	%	52.6	47.4	100.0	
Separated	No.	13	16	29	1.7
	%	44.8	55.2	100.0	
Divorced	No.	10	30	40	2.3
	%	25.0	75.0	100.0	
Widowed	No.	35	186	221	12.7
	%	15.8	84.2	100.0	
Common-Law Union	No.	4	3	7	0.4
	%	57.1	42.9	100.0	
TOTAL:		828	910	1738	100.0
		47.6	52.4		

TABLE 5: Number and Percentage of Respondents by Relationship to Head of Household

What is your Relationship to the Head of the Household?
MODULE 2-4

RELATIONSHIP TO HEAD OF HOUSEHOLD	No.	%
Husband	33	1.9
Wife	559	31.7
Son	110	6.2
Daughter	80	4.5
Son-in-law	1	0.1
Father	6	0.3
Mother	29	1.6
Father-in-law	6	0.3
Mother-in-law	20	1.1
Brother	5	0.3
Sister	6	0.3
Brother-in-law	4	0.2
Grandchild	1	0.1
Grandparent	1	0.1
Niece	2	0.1
Uncle	1	0.1
Foster Child-Ward	1	0.1
Lodger	8	0.5
Housekeeper	3	0.2
Head of House	862	48.9
Other	22	1.2
Missing	4	0.2
TOTAL:	1764	100.0

TABLE 6: Number and Percentage of Respondents by Family Size

Who are the other members of your Household?
MODULE 2-5

FAMILY SIZE	No.	%
1	184	10.4
2	705	40.0
3	370	21.0
4	257	14.6
5	151	8.6
6	61	3.5
7	22	1.2
8	6	0.3
9	1	0.1
10	5	0.3
Missing	2	0.1
TOTAL: 1764		100.0

TABLE 7: Number and Percentage of Respondents by Level of Education

What is the highest grade or year of school you have completed?
MODULE 2-9

EDUCATION	No.	%
No Schooling	20	1.1
Pre-School	21	1.2
Less than Grade 5	133	7.5
Grades 5-8	516	29.3
Grades 9-11	488	27.7
Grades 12-13	317	18.0
Technical – Trade School	73	4.1
Community College	84	4.8
University – Undergraduate	34	1.9
University – Graduate	38	2.2
University – Post Graduate	24	1.4
Missing	16	0.9
	TOTAL: 1764	100.0

TABLE 8: Number and Percentage of Respondents by Level of Personal Income

Here is a card listing various income categories, please look at it and tell me by the number beside (1 to 10) which category best represents your income from all sources before taxes during the year ending December, 1979.

MODULE 7-26

PERSONAL INCOME	No.	%
No Income	345	19.6
\$ 1 – 5,000	650	36.8
\$5,001 – 10,000	296	16.8
\$10,001 – 15,000	179	10.1
\$15,001 – 20,000	90	5.1
\$20,001 – 25,000	69	3.9
\$25,001 – 30,000	36	2.0
\$30,001 – 35,000	12	0.7
\$35,001 – 40,000	6	0.3
More than \$40,000	9	0.5
Missing	72	4.1
	TOTAL: 1764	100.0

TABLE 9: Number and Percentage of Respondents by Level of Family Income

Please look at the card again and tell me which code best represents other additional family income from all sources, before taxes, during the year ending December, 1979
MODULE 7-27

FAMILY INCOME	No.	%
No Income	378	21.4
\$1 – 5,000	327	18.5
\$5,001 – 10,000	255	14.5
\$10,001 – 15,000	199	11.3
\$15,001 – 20,000	170	9.6
\$20,001 – 25,000	118	6.7
\$25,001 – 30,000	56	3.2
\$30,001 – 35,000	36	2.0
\$35,001 – 40,000	24	1.4
More than \$40,000	31	1.8
Missing	170	9.7
	TOTAL: 1764	100.0

TABLE 10: Number and Percentage of Respondents by Source of Personal and Family Income

Could you tell me the different sources from which you and your family gets its income: such as, Government Allowances, Dividends, Bonds, etc.

MODULE 7-28

SOURCE OF PERSONAL AND FAMILY INCOME	No.	%*
Wages, Salaries, Tips and Commissions	942	53.4
Net Income from Own Business, Firm or Professional Practice	155	8.8
Investment Income (Interest, Dividends, Net returns, etc.)	472	26.8
Family Allowance	378	21.4
Unemployment Insurance Benefits	50	2.8
GAINS (Guaranteed Annual Income Supplement)	67	3.8
Family Welfare Assistance (Provincial)	40	2.3
Municipal Welfare	10	0.6
Workmen's Compensation	93	5.3
Veteran's Allowance	62	3.5
Canada "Manpower" Grant	6	0.3
Trust Fund	6	0.3
University Scholarship	0	0.0
Alimony	4	0.2
Other Payments from Spouse	15	0.9
Disability Premium	192	10.9
Insurance Benefits	45	2.6
Government Old Age Security	556	31.5
Old Age Supplement	228	12.9
Other Pensions (Company and Retirement Pensions, Annuities, etc.)	576	32.7

* This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 11: Number and Percentage of Respondents by Occupational Status

PRESENTLY, ARE YOU

1. Employed part-time? (30 hours per week or less)

2. Employed full-time? (more than 30 hours per week)

3. A student?

4. Pre-schooler?

5. A homemaker?

6. Retired?

7. Unemployed?

MODULE 7-1

OCCUPATIONAL STATUS	FIRST MENTIONED		SECOND MENTIONED	
	No.	%	No.	%
Employed Part-time (30 hours per week or less)	105	6.0	14	0.8
Employed Full-time (more than 30 hours per week)	329	18.7	5	0.3
Student	122	6.9	13	0.7
Pre-schooler	8	0.5	1	0.1
Homemaker	425	24.1	93	5.3
Retired	624	35.4	71	4.0
Unemployed	150	8.5	38	2.2
Missing	1	0.1	1529	86.7
TOTAL:	1764	100.0	1764	100.0

(ii) PHYSICAL PROBLEMS AND FUNCTIONAL LIMITATIONS
(a) Physical Problems

TABLE 12: Number and Percentage of Respondents Mentioning Physical Problems

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

PHYSICAL PROBLEM	PROBLEM MENTIONED FIRST		PROBLEM MENTIONED SECOND		PROBLEM MENTIONED THIRD		PROBLEM MENTIONED FOURTH		PROBLEMS MENTIONED
	No	%	No	%	No	%	No	%	%*
Endocrine/Metabolic/Nutritional									
Diabetes	75	4.3	45	2.6	16	0.9	6	0.3	8.1
Thyroid	12	0.7	6	0.3	3	0.2	4	0.2	1.4
All Other Gland Diseases	4	0.2	2	0.1	0	0.0	0	0.0	0.3
Obesity	3	0.2	2	0.1	2	0.1	1	0.1	0.5
Other Endocrine – Metabolic	2	0.1	4	0.2	2	0.1	0	0.0	0.5
Neurological									
Epilepsy	36	2.0	5	0.3	4	0.2	0	0.0	2.6
Multiple Sclerosis	16	0.9	0	0.0	0	0.0	0	0.0	0.9
Cerebral Palsy	16	0.9	1	0.1	0	0.0	0	0.0	1.0
Parkinson's Disease	9	0.5	2	0.1	0	0.0	0	0.0	0.6
Ataxia's – Other	9	0.5	1	0.1	0	0.0	0	0.0	0.6
Pain – Unspecified	2	0.1	0	0.0	1	0.1	1	0.1	0.2
Headaches	9	0.5	5	0.3	5	0.3	3	0.2	1.3
Nerves – Damaged	15	0.9	10	0.6	5	0.3	0	0.0	1.7
Spinal Cord Injury	27	1.5	9	0.5	3	0.2	0	0.0	2.2
Brain Damage	7	0.4	3	0.2	2	0.1	0	0.0	0.7
Polio	19	1.1	1	0.1	0	0.0	0	0.0	1.1
Other Neurological	2	0.1	3	0.2	6	0.3	0	0.0	0.6
Cardiovascular/Arteriovascular									
Congenital Cardiovascular	5	0.3	0	0.0	2	0.1	2	0.1	0.5
Acquired Cardiovascular	234	13.3	87	4.9	38	2.2	11	0.6	21.0
Hypertension	86	4.9	81	4.6	29	1.6	18	1.0	12.1
Stroke	58	3.3	17	1.0	10	0.6	2	0.1	4.9
Other Peripheral Vascular	39	2.2	33	1.9	16	0.9	8	0.5	5.4
Blood Related Disease	14	0.8	6	0.3	4	0.2	1	0.1	1.4
Respiratory									
Asthma	56	3.2	18	1.0	6	0.3	2	0.1	4.7
Chronic Bronchitis	14	0.8	10	0.6	7	0.4	1	0.1	1.8
Emphysema	32	1.8	12	0.7	4	0.2	1	0.1	2.8
All Allergies	12	0.7	22	1.2	6	0.3	3	0.2	2.4
Cystic Fibrosis	3	0.2	0	0.0	0	0.0	0	0.0	0.2
Tuberculosis	2	0.1	1	0.1	1	0.1	0	0.0	0.2
Lung Related	10	0.6	15	0.9	5	0.3	2	0.1	1.8
Other Respiratory	2	0.1	1	0.1	2	0.1	0	0.0	0.3
Neoplasm									
All Cancers	32	1.8	21	1.2	9	0.5	1	0.1	3.6
Tumors, Cysts and Other	8	0.5	11	0.6	4	0.2	0	0.0	1.3
Musculoskeletal									
Rheumatoid Arthritis	181	10.3	118	6.7	61	3.6	21	1.2	21.6
Degenerative Arthritis	34	1.9	15	0.9	10	0.6	1	0.1	3.5
Muscular Dystrophy	11	0.6	1	0.1	0	0.0	0	0.0	0.7

TABLE 12: (cont'd)

PHYSICAL PROBLEM	PROBLEM MENTIONED FIRST		PROBLEM MENTIONED SECOND		PROBLEM MENTIONED THIRD		PROBLEM MENTIONED FOURTH		PROBLEMS MENTIONED
	No	%	No	%	No	%	No	%	%*
Musculoskeletal (cont'd)									
Orthopedic Spine	174	9.9	67	3.8	28	1.6	12	0.7	15.9
Orthopedic Limbs	94	5.3	73	4.1	21	1.2	6	0.3	11.0
Upper Amputation	6	0.3	2	0.1	1	0.1	0	0.0	0.5
Lower Amputation	16	0.9	0	0.0	0	0.0	0	0.0	0.9
Bursitis	6	0.3	7	0.4	0	0.0	1	0.1	0.8
Burns	4	0.2	2	0.1	1	0.1	0	0.0	0.4
Skin Disorders	14	0.8	7	0.4	4	0.2	2	0.1	1.5
Spina Bifida	3	0.2	1	0.1	0	0.0	0	0.0	0.2
Hydrocephalus	2	0.1	0	0.0	0	0.0	0	0.0	0.1
Cleft Palate	2	0.1	1	0.1	0	0.0	0	0.0	0.2
Other Congenital Anomalies	4	0.2	1	0.1	0	0.0	0	0.0	0.3
Gout	8	0.5	0	0.0	0	0.0	2	0.1	0.6
Other Musculoskeletal	7	0.4	10	0.6	8	0.5	3	0.2	0.5
Sight Impairment									
Total Blindness — Congenital	3	0.2	0	0.0	0	0.0	0	0.0	0.2
Partial Blindness — Congenital	7	0.4	4	0.2	1	0.1	0	0.0	0.7
Acquired Total Blindness	9	0.5	51	2.9	1	0.1	0	0.0	3.5
Acquired Partial Blindness	58	3.3	0	0.0	26	1.5	11	0.6	5.4
Other Sight Impaired	0	0.0	1	0.1	1	0.1	0	0.0	0.1
Hearing Impairment									
Profound Deafness — Congenital	9	0.5	0	0.0	0	0.0	0	0.0	0.5
Partial Deafness — Congenital	16	0.9	0	0.0	2	0.1	1	0.1	1.1
Profound Acquired Deafness	10	0.6	4	0.2	0	0.0	0	0.0	0.8
Partial Acquired Deafness	104	5.9	68	3.9	55	3.1	21	1.2	14.1
Disorders of Inner Ear	7	0.4	9	0.5	3	0.2	2	0.1	1.2
Hearing Impaired — Unspecified	6	0.3	2	0.1	1	0.1	0	0.0	0.0
Alimentary									
Stomach	14	0.8	16	0.9	13	0.7	1	0.1	2.5
Intestines — Both	16	0.9	17	1.0	5	0.3	5	0.3	2.4
Liver and Gall Bladder	9	0.5	13	0.7	5	0.3	3	0.2	1.8
Other Digestive	2	0.1	3	0.2	2	0.1	0	0.0	0.4
Kidneys and Urogenital	24	1.4	23	1.3	9	0.5	3	0.2	3.3
Hernia	9	0.5	14	0.8	18	1.0	7	0.4	2.7
Other Alimentary — Unspecified	4	0.2	3	0.2	4	0.2	1	0.1	0.7
Speech Impairment									
Total Congenital Speech	0	0.0	6	0.3	1	0.1	1	0.1	0.5
Partial Congenital Speech	5	0.3	5	0.3	0	0.0	1	0.1	0.6
Total Acquired Speech	0	0.0	3	0.2	1	0.1	0	0.0	0.2
Partial Acquired Speech	4	0.2	12	0.7	6	0.3	3	0.2	1.4
Other — Unspecified Speech	2	0.1	2	0.1	0	0.0	0	0.0	0.2
Missing	10	0.6	769	43.6	1284	72.8	1589	90.1	
TOTAL:	1764		1764		1764		1764		

* This is a multiple response question. Numbers represent a percentage of the total number of respondents, 1764.

TABLE 13: Number and Percentage of Respondents by Group* of Physical Problems (First Mentioned)

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

*GROUP OF PHYSICAL PROBLEMS FIRST-MENTIONED	No.	%
Endocrine/Metabolic/Nutritional	96	5.4
Neurological	177	10.0
Cardiovascular/Arteriovascular	436	24.7
Respiratory	131	7.4
Neoplasm	40	2.3
Musculoskeletal	566	32.1
Sight Impairment	77	4.4
Hearing Impairment	152	8.6
Alimentary	78	4.4
Speech Impairment	11	0.6
TOTAL:	1764	100.0

* The physical problems mentioned by the respondents were grouped into this classification of physical problems. See Table 12 for definition of groups.

TABLE 14: Number and Percentage of Respondents by Group* of Physical Problems (First-Mentioned) and Perceived Primary Cause of First-Mentioned Physical Problem

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

What caused _____ your condition?
each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM											
*GROUP OF PHYSICAL PROBLEMS FIRST MENTIONED	Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environmental Cause	Cause Unknown	TOTAL No.	TOTAL %
Endocrine/Metabolic/Nutritional	No. % 0 0.0	10 10.8	3 3.2	0 0.0	0 0.0	0 0.0	29 31.2	3 3.2	48 51.6	93 100.0	5.5
Neurological	No. % 28 16.5	25 14.7	4 2.4	12 7.1	11 6.5	15 8.8	11 6.5	3 1.8	61 35.9	170 100.0	10.1
Cardiovascular/Arteriovascular	No. % 9 2.1	74 17.3	34 8.0	6 1.4	6 1.4	4 0.9	65 15.2	48 11.2	181 42.4	427 100.0	25.3
Respiratory	No. % 12 9.6	19 15.2	2 1.6	3 2.4	1 0.8	1 0.8	28 22.4	23 18.4	36 28.8	125 100.0	7.4
Neoplasm	No. % 3 8.1	5 13.5	0 0.0	1 2.7	0 0.0	0 0.0	6 16.2	4 10.8	18 48.6	37 100.0	2.2
Musculoskeletal	No. % 25 4.7	37 6.9	35 6.5	109 20.3	43 8.0	38 7.1	48 9.0	28 5.2	173 32.3	536 100.0	31.7
Sight Impairment	No. % 7 9.5	10 13.5	15 20.3	3 4.1	8 10.8	3 4.1	9 12.2	1 1.4	18 24.3	74 100.0	4.4
Hearing Impairment	No. % 20 13.9	29 20.1	10 6.9	10 6.9	4 2.8	3 2.1	15 10.4	18 12.5	35 24.3	144 100.0	8.5
Alimentary	No. % 6 8.1	11 14.9	2 2.7	0 0.0	0 0.0	0 0.0	9 12.2	6 8.1	40 54.1	74 100.0	4.4
Speech Impairment	No. % 4 40.0	2 20.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	3 30.0	1 10.0	10 100.0	0.6
TOTAL	No. % 114 6.7	222 13.1	105 6.2	144 8.5	73 4.3	64 3.8	220 13.0	137 8.1	611 36.2	1690 100.0	100.0

* See Table 12 for definition of groups.

TABLE 15: Number and Percentage of Respondents by Number of Physical Problem Groups*

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

NUMBER OF PHYSICAL PROBLEM GROUPS*	No.	%
One Group of Physical Problems	765	43.4
Two Groups of Physical Problems	519	29.4
Three Groups of Physical Problems	305	17.3
Four Groups of Physical Problems	175	9.9
TOTAL:	1764	100.0

* See Table 12 for definition of groups.

TABLE 16: Number and Percentage of Respondents by Five-Year Age Group and Number of Physical Problem Groups*

What is your date of birth?
MODULE 2-2

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

AGE GROUP		NUMBER OF PHYSICAL PROBLEM GROUPS*				
		1	2	3	4	TOTAL
0 - 4	No.	3	0	0	0	3
	%	100.0	0.0	0.0	0.0	100.0
5 - 9	No.	27	12	3	1	43
	%	62.8	27.9	7.0	2.3	100.0
10 - 14	No.	32	4	2	0	38
	%	84.2	10.5	5.3	0.0	100.0
15 - 19	No.	37	18	3	0	58
	%	63.8	31.0	5.2	0.0	100.0
20 - 24	No.	20	9	4	0	33
	%	60.6	27.3	12.1	0.0	100.0
25 - 29	No.	31	6	2	2	41
	%	75.6	14.6	4.9	4.9	100.0
30 - 34	No.	42	12	7	2	63
	%	66.7	19.0	11.1	3.2	100.0
35 - 39	No.	30	12	15	2	59
	%	50.8	20.3	25.4	3.4	100.0
40 - 44	No.	48	29	10	6	93
	%	51.6	31.2	10.8	6.5	100.0
45 - 49	No.	62	34	16	6	118
	%	52.5	28.8	13.6	5.1	100.0
50 - 54	No.	70	50	37	11	168
	%	41.7	29.8	22.0	6.5	100.0
55 - 59	No.	101	77	37	24	239
	%	42.3	32.2	15.5	10.0	100.0
60 - 64	No.	85	78	41	33	237
	%	35.9	32.9	17.3	13.9	100.0
65 - 69	No.	86	74	42	30	232
	%	37.1	31.9	18.1	12.9	100.0
70 - 74	No.	51	40	37	31	159
	%	32.1	25.2	23.3	19.5	100.0
75 - 79	No.	27	31	34	13	105
	%	10.0	40.0	26.0	24.0	100.0
80 - 84	No.	5	20	13	12	50
	%	10.0	40.0	26.0	24.0	100.0
85 and Over	No.	6	12	2	2	22
	%	27.3	54.5	9.1	9.1	100.0
TOTAL		763	518	305	175	1761
		43.3	29.4	17.3	9.9	100.0

* See Table 12 for definition of physical problem groups.

(ii) PHYSICAL PROBLEMS AND FUNCTIONAL LIMITATIONS
(b) Functional Limitations

TABLE 17: Number and Percentage of Respondents by Functional Limitation*
(First-Mentioned)

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

FUNCTIONAL LIMITATION* FIRST-MENTIONED	No.	%
Head-Neck	79	4.5
Spine-Trunk	223	12.6
Foot	59	3.3
Arms	42	2.4
Hands	48	2.7
Musculoskeletal – Multiple	149	8.4
Sight	83	4.7
Hearing	149	8.4
Speech	19	1.1
Balance	15	0.9
Endurance	9	0.5
Pain	5	0.3
Internal Organs	99	5.6
Heart-Lungs	381	21.6
Peripheral Vascular	178	10.1
Skin	13	0.7
Knee	39	2.2
Hip-Pelvis	41	2.3
Leg	90	5.1
Epilepsy	32	1.8
Other	11	0.6
TOTAL:	1764	100.0

*The physical problems mentioned by the respondents were grouped into this classification of functional limitations.

TABLE 18: Number and Percentage of Respondents by Five-Year Age Group and Functional Limitation (First-Mentioned)

What is your date of birth?
MODULE 2-2

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

FUNCTIONAL LIMITATION (FIRST-MENTIONED)

AGE	Head— Neck	Spine— Trunk	Foot	Arms	Hand	Muscu- loskeletal —Multiple	Sight	Hearing	Speech	Balance	Endur- ance	Pain	Internal Organs	Heart —Lungs	Peripheral Vascular	Skin	Knee	Hip— Pelvis	Leg	Epilepsy	Other	TOTAL
0 - 4 No. %	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	33.3	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	1 33.3	1 0.0	3 100.0
5 - 9 No. %	6 14.0	0 0.0	0 0.0	0 0.0	0 0.0	6 14.0	0 0.0	7 16.3	7 16.3	0 0.0	0 0.0	0 0.0	1 2.3	9 20.9	3 7.0	0 0.0	0 0.0	2 4.7	1 2.3	1 2.3	0 0.0	43 100.0
10 - 14 No. %	2 5.3	4 10.5	0 0.0	0 0.0	1 2.6	4 10.5	2 5.3	2 5.3	2 5.3	2 5.3	0 0.0	1 2.6	2 5.3	8 21.1	3 7.9	1 2.6	2 5.3	0 0.0	1 2.6	2 5.3	1 2.6	38 100.0
15 - 19 No. %	5 8.6	3 5.2	4 6.9	3 5.2	0 0.0	4 6.9	5 8.6	10 17.2	0 0.0	0 0.0	0 0.0	0 0.0	3 5.2	7 12.1	4 6.9	2 3.4	3 5.2	0 0.0	2 3.4	3 5.2	0 0.0	53 100.0
20 - 24 No. %	3 9.1	3 9.1	1 3.0	0 0.0	2 6.1	1 3.0	4 12.1	3 9.1	0 0.0	0 0.0	0 0.0	0 0.0	3 9.1	5 15.2	1 3.0	0 0.0	1 3.0	0 0.0	2 6.1	4 12.1	0 0.0	33 100.0
25 - 29 No. %	0 0.0	10 24.4	1 2.4	1 2.4	1 2.4	4 9.8	2 4.9	3 7.3	2 4.9	0 0.0	0 0.0	0 0.0	1 2.4	3 7.3	3 7.3	0 0.0	3 7.3	2 4.9	1 2.4	3 7.3	0 0.0	41 100.0
30 - 34 No. %	3 4.8	11 17.5	3 4.8	4 6.3	5 7.9	6 9.5	1 1.6	8 12.7	0 0.0	0 0.0	0 0.0	1 1.6	4 6.3	2 3.2	4 6.3	0 0.0	1 1.6	3 4.8	4 6.3	2 3.2	1 1.6	63 100.0
35 - 39 No. %	4 6.8	25 42.4	1 1.7	0 0.0	2 3.4	2 3.4	1 1.7	1 1.7	0 0.0	1 1.7	1 1.7	0 0.0	3 5.1	8 13.6	3 5.1	1 1.7	1 1.7	0 0.0	3 5.1	2 3.4	0 0.0	59 100.0
40 - 44 No. %	5 5.4	28 30.1	1 1.1	3 3.2	1 1.1	5 5.4	1 1.1	8 8.6	0 0.0	0 0.0	2 2.2	0 0.0	6 6.5	15 16.1	3 3.2	1 1.1	0 0.0	2 2.2	8 8.6	3 3.2	1 1.1	93 100.0
45 - 49 No. %	10 8.5	17 14.4	5 4.2	2 1.7	2 1.7	10 8.5	3 2.5	11 9.3	0 0.0	0 0.0	1 0.8	1 0.8	9 7.6	22 18.6	10 8.5	0 0.0	4 3.4	2 1.7	7 5.9	1 0.8	1 0.8	118 100.0
50 - 54 No. %	7 4.2	32 19.0	8 4.8	2 1.2	6 3.6	21 12.5	7 4.2	3 1.8	0 0.0	0 0.0	1 0.6	0 0.0	17 10.1	32 19.0	18 10.7	1 0.6	1 0.6	4 2.4	5 3.0	2 1.2	1 0.6	168 100.0
55 - 59 No. %	13 5.4	31 13.0	9 3.8	3 3.8	6 2.5	15 6.3	12 5.0	16 6.7	3 1.3	5 2.1	0 0.0	0 0.0	15 6.3	49 20.5	28 11.7	1 0.4	7 2.9	4 1.7	11 4.6	3 1.3	2 0.8	239 100.0
60 - 64 No. %	5 2.1	18 7.6	13 5.5	6 2.5	6 2.5	23 9.7	9 3.8	17 7.2	1 0.4	1 0.4	1 0.4	1 0.4	14 5.9	62 26.2	31 13.1	3 1.3	6 2.5	8 3.4	8 3.4	3 1.3	1 0.4	237 100.0
65 - 69 No. %	6 2.6	23 9.9	6 2.6	6 2.6	7 3.0	19 8.2	9 3.9	16 6.9	1 0.4	0 0.0	3 1.3	0 0.0	11 4.7	69 29.7	28 12.1	0 0.0	4 1.7	6 2.6	15 6.5	0 0.0	3 1.3	232 100.0
70 - 74 No. %	1 0.6	8 5.0	4 2.5	2 1.3	5 3.1	16 10.1	10 6.3	16 10.1	1 0.6	5 3.1	0 0.0	1 0.6	7 4.4	50 31.4	16 10.1	1 0.6	3 1.9	4 2.5	8 5.0	1 0.6	0 0.0	159 100.0
75 - 79 No. %	4 3.8	6 5.7	1 1.0	4 3.8	2 1.9	10 9.5	9 8.6	11 10.5	2 1.9	2 1.9	0 0.0	0 0.0	1 1.0	27 25.7	14 13.3	1 1.0	1 1.0	2 1.9	7 6.5	2 2.0	0 0.0	105 100.0
80 - 84 No. %	3 6.0	4 8.0	1 2.0	0 0.0	1 2.0	2 4.0	4 8.0	13 26.0	0 0.0	0 0.0	0 0.0	0 0.0	2 2.0	16 16.0	7 14.0	0 0.0	2 2.0	4 4.0	2 4.0	1 2.0	0 0.0	50 100.0
85 and Over	0 0.0	0 0.0	1 4.5	0 0.0	1 4.5	1 4.5	4 18.2	4 18.2	0 0.0	0 0.0	0 0.0	0 0.0	4 4.5	4 18.2	2 9.1	1 4.5	4 4.5	1 4.5	4 4.5	0 0.0	0 0.0	22 100.0
Total: No. %	77 4.4	223 12.7	59 3.4	42 2.4	48 2.7	149 8.5	83 4.7	149 8.5	19 1.1	15 0.9	9 0.5	5 0.3	98 5.6	381 21.6	178 10.1	13 0.7	39 2.2	41 2.3	90 5.1	32 1.8	11 0.6	1761 100.0

TABLE 19: Number and Percentage of Respondents Mentioning Functional Limitations

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

FUNCTIONAL LIMITATIONS MENTIONED	No.	%*
Head-Neck	154	8.7
Spine-Trunk	392	22.2
Foot	131	7.4
Arms	132	7.5
Hands	140	7.9
Musculoskeletal – Multiple	256	14.5
Sight	205	11.6
Hearing	288	16.3
Speech	61	3.5
Balance	56	3.2
Endurance	52	2.9
Pain	36	2.0
Internal Organs	265	15.0
Heart – Lungs	565	32.0
Peripheral Vascular	404	22.9
Skin	30	1.7
Knee	116	6.6
Hip – Pelvis	86	4.9
Leg	224	12.7
Epilepsy	45	2.6
Other	42	2.4

* This is a multiple response table. Numbers are expressed as a percentage of the total numbers of respondents, 1764.

TABLE 20: Number and Percentage of Respondents by Five-Year Age Group and Number of Functional Limitations

What is your date of birth?
MODULE 2-2

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

Number of Functional Limitations*					
AGE GROUP	No. 1 %	No. 2 %	No. 3 %	No. 4 %	TOTAL
0 - 4	3 100.0	0 0.0	0 0.0	0 0.0	3 100.0
5 - 9	24 55.8	12 27.9	4 9.3	3 7.0	43 100.0
10 - 14	27 71.05	8 21.05	2 5.3	1 2.6	38 100.0
15 - 19	33 56.9	18 31.03	4 6.9	3 5.2	58 100.0
20 - 24	13 39.4	12 36.4	7 21.2	1 3.0	33 100.0
25 - 29	26 63.4	7 17.0	5 12.2	3 7.3	41 100.0
30 - 34	32 50.8	14 22.2	7 11.1	10 15.8	63 100.0
35 - 39	23 39.0	14 23.7	12 20.3	10 17.0	59 100.0
40 - 44	42 45.2	26 28.0	13 14.0	12 12.9	93 100.0
45 - 49	45 38.1	37 31.4	21 17.8	15 12.7	118 100.0
50 - 54	63 37.5	47 27.9	25 14.9	33 19.6	168 100.0
55 - 59	86 36.0	62 25.9	52 21.8	39 16.3	239 100.0
60 - 64	74 31.2	62 26.2	54 22.8	47 19.8	237 100.0
65 - 69	68 29.3	67 28.9	52 22.4	45 19.4	232 100.0
70 - 74	41 25.8	43 27.0	30 18.9	45 28.3	159 100.0
75 - 79	19 18.1	30 28.6	34 32.4	22 21.0	105 100.0
80 - 84	5 10.0	9 18.0	15 30.0	21 42.0	50 100.0
85 and Over	4 18.2	9 40.9	3 13.6	6 27.3	22 100.0
Missing	1 33.3	1 33.3	1 33.3	— —	3 100.0
TOTAL	629 35.7	478 27.1	341 19.3	316 17.9	1764 100.0

*See Table 17 for definition of functional limitations.

TABLE 21: Number and Percentage of Respondents by Functional Limitation (First-Mentioned) and Perceived Primary Cause of First-Mentioned Physical Problem

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

What caused — your condition?
each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

FUNCTIONAL LIMITATION FIRST-MENTIONED	Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic Hereditary	Environ- mental Cause	Cause Unknown	TOTAL
Head — Neck	No. 10 % 13.2	7 9.2	2 2.6	3 3.9	7 9.2	9 11.8	2 2.6	4 5.3	32 42.1	76 100.0
Spine — Trunk	No. 8 % 3.8	5 2.4	17 8.1	69 32.9	17 8.1	12 5.7	11 5.2	12 5.7	59 28.1	210 100.0
Foot	No. 1 % 1.8	7 12.5	3 5.4	5 8.9	5 8.9	10 17.9	4 7.1	1 1.8	20 35.7	56 100.0
Arms	No. 3 % 7.9	7 18.4	2 5.3	8 21.1	5 13.2	1 2.6	2 5.3	3 7.9	7 18.4	38 100.0
Hands	No. 3 % 6.5	3 6.5	5 10.9	6 13.0	4 8.7	2 4.3	2 4.3	6 13.0	15 32.6	46 100.0
Musculo- skeletal — Multiple	No. 12 % 8.4	14 9.8	7 4.9	5 3.5	2 1.4	6 4.2	20 14.0	7 4.9	70 49.0	143 100.0
Sight	No. 8 % 10.0	11 13.8	15 18.8	5 6.3	7 8.8	3 3.8	11 13.8	0 0.0	20 25.0	80 100.0
Hearing	No. 20 % 14.0	29 20.3	10 7.0	10 7.0	5 3.5	3 2.1	15 10.5	18 12.6	33 23.1	143 100.0
Speech	No. 5 % 27.8	3 16.7	0 0.0	0 0.0	0 0.0	1 5.6	2 11.1	3 16.7	4 22.2	18 100.0

TABLE 21: (cont'd)

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

FUNCTIONAL LIMITATION FIRST-MENTIONED	Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic Hereditary	Environmental Cause	Cause Unknown	TOTAL
Balance	No. %	0 0.0	3 20.0	1 6.7	2 13.3	0 0.0	0 0.0	0 0.0	8 53.3	15 100.0
Endurance	No. %	0 0.0	2 25.0	0 0.0	0 0.0	0 0.0	0 0.0	2 25.0	4 50.0	8 100.0
Pain	No. %	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	4 100.0	4 100.0
Internal Organs	No. %	8 8.6	12 12.9	1 1.1	0 0.0	0 0.0	16 17.8	7 7.5	47 50.5	93 100.0
Heart – Lungs	No. %	17 4.6	66 17.7	5 1.3	3 0.8	1 0.3	69 18.5	56 15.1	138 37.1	372 100.0
Peripheral – Vascular	No. %	2 1.2	22 12.9	1 0.6	0 0.0	2 1.2	45 26.3	9 5.3	77 45.0	171 100.0
Skin	No. %	0 0.0	0 0.0	0 0.0	0 0.0	1 8.3	4 33.3	1 8.3	5 41.7	12 100.0
Knee	No. %	2 5.4	3 8.1	2 5.4	5 13.5	2 5.4	4 10.8	1 2.7	16 43.2	37 100.0
Hip – Pelvis	No. %	3 7.3	7 17.1	7 17.1	6 14.6	1 2.4	4 9.8	1 2.4	10 24.4	41 100.0
Leg	No. %	6 7.1	14 16.5	15 17.6	2 2.4	10 11.8	6 7.1	5 5.9	21 24.7	85 100.0
Epilepsy	No. %	3 9.7	5 16.1	0 0.0	3 9.7	0 0.0	3 9.7	0 0.0	16 51.6	31 100.0
Other	No. %	3 27.3	2 18.2	0 0.0	0 0.0	0 0.0	0 0.0	1 9.1	5 45.5	11 100.0
Total	No. %	114 6.7	222 13.1	105 6.2	144 8.5	73 4.3	220 13.0	137 8.1	611 36.2	1690 100.0

(ii) PHYSICAL PROBLEMS AND FUNCTIONAL LIMITATIONS
(c) Perceived Primary Cause

TABLE 22: Number and Percentage of Respondents by Sex and Perceived Primary Cause of First-Mentioned Physical Problem

What caused — your condition?
— each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

SEX	Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environmental Cause	Cause Unknown	TOTAL
Male	No. 53 6.6	99 12.4	43 5.4	117 14.7	35 4.4	33 4.1	94 11.8	80 10.0	244 30.6	798 100.0
Female	No. 60 6.8	123 13.9	62 7.0	27 3.0	38 4.3	31 3.5	126 14.2	55 6.2	364 41.1	886 100.0
TOTAL:	113	222	105	144	73	64	220	135	608	1684

TABLE 23: Number and Percentage of Respondents by Five-Year Age Group and Perceived Primary Cause of First-Mentioned Physical Problem

What is your date of birth?
MODULE 2-2

What caused your condition?
each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

AGE GROUP	Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environ-mental Cause	Cause Unknown	TOTAL
0 - 4	No. %	2 66.7	1 33.3	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	3
5 - 9	No. %	17 40.5	2 4.8	0 0.0	0 0.0	1 2.4	8 19.0	3 7.1	11 26.2	42
10 - 14	No. %	14 36.8	2 5.3	2 5.3	2 5.3	1 2.6	8 21.1	0 0.0	9 23.7	38
15 - 19	No. %	17 32.7	7 13.5	1 1.9	1 1.9	4 7.7	7 13.5	1 1.9	14 26.9	52
20 - 24	No. %	11 33.3	4 12.1	1 3.0	3 9.1	1 3.0	6 18.2	1 3.0	6 18.2	33
25 - 29	No. %	6 15.4	2 5.1	4 10.3	6 15.4	4 10.3	5 12.8	1 2.6	11 28.2	39
30 - 34	No. %	9 14.5	3 4.8	6 9.7	5 8.1	8 12.9	12 19.4	3 4.8	16 25.8	62
35 - 39	No. %	1 1.8	3 5.4	16 28.6	2 3.6	4 7.1	2 3.6	6 10.7	22 39.3	56
40 - 44	No. %	8 9.1	9 10.2	15 17.0	3 3.4	7 8.0	9 10.2	6 6.8	30 34.1	88

TABLE 23: (cont'd) **PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM (cont'd)**

AGE GROUP	Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environmental Cause	Cause Unknown	TOTAL
45 - 49 No. %	2 1.8	11 10.1	2 1.8	11 10.1	8 7.3	3 2.8	17 15.6	13 11.9	42 38.5	109
50 - 54 No. %	5 3.0	19 11.6	4 2.4	16 9.8	9 5.5	4 2.4	27 16.5	12 7.3	68 41.5	164
55 - 59 No. %	7 3.0	35 15.2	13 5.6	20 8.7	10 4.3	8 3.5	31 13.4	24 10.4	83 35.9	231
60 - 64 No. %	4 1.8	37 16.4	12 5.3	18 8.0	7 3.1	4 1.8	30 13.3	19 8.4	95 42.0	226
65 - 69 No. %	6 2.7	32 14.5	21 9.5	24 10.9	5 2.3	5 2.3	22 10.0	18 8.2	87 39.5	220
70 - 74 No. %	1 0.6	26 16.7	19 12.2	6 3.8	4 2.6	7 4.5	17 10.9	19 12.2	57 36.5	156
75 - 79 No. %	3 3.0	20 19.8	16 15.8	2 2.0	5 5.0	2 2.0	10 9.9	5 5.0	38 37.6	101
80 - 84 No. %	0 0.0	6 12.5	14 29.2	1 2.1	2 4.2	1 2.1	8 16.7	3 6.3	13 27.1	48
85 and Over No. %	1 5.3	2 10.5	3 15.8	1 5.3	1 5.3	0 0.0	1 5.3	3 15.8	7 36.8	19
TOTAL:	114 6.8	221 13.1	105 6.2	144 8.5	73 4.3	64 3.8	220 13.0	137 8.1	609 36.1	1687 100.0

(iii) NEED-RELATED CHARACTERISTICS

(a) Activities of Daily Living

TABLE 24: Number and Percentage of Respondents Finding These Social Problems, Issues and Daily Living Areas Presenting a Problem, as a Result of Their Physical Problem

I'd like to read a list of social problems, issues and daily living areas. As a result of your condition please tell me which of these presents a 'big problem', 'small problem', or 'does not affect you', *at the present time?*

MODULE 4-1

EFFECT OF PROBLEM										
PROBLEM, ISSUE OR AREA	A Big Problem In My Life		A Small Problem In My Life		Does Not Affect Me		Missing Data		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Day to Day Functioning	309	17.5	655	37.1	800	45.4	0	0.0	1764	100.0
Recreational/Social Activities	353	20.0	594	33.7	817	46.3	0	0.0	1764	100.0
Entry into or exit out of buildings	252	14.3	456	25.9	1056	59.9	0	0.0	1764	100.0
Medical or Rehab. Treatment	186	10.5	374	21.2	1203	68.2	1	0.1	1764	100.0
Mobility in your Community	193	10.9	347	19.7	1224	69.4	0	0.0	1764	100.0
Transportation Services	189	10.7	322	18.3	1253	71.03	0	0.0	1764	100.0
Family Relationships	115	6.5	369	20.9	1278	72.5	2	0.1	1764	100.0
Income Security	247	14.0	233	13.2	1284	72.8	0	0.0	1764	100.0
Aids, Devices or Special Equipment	104	5.9	272	15.4	1388	78.7	0	0.0	1764	100.0
Information about Available Services	136	7.7	234	13.3	1393	79.0	1	0.1	1764	100.0
Finding a Job	223	12.6	104	5.9	1436	81.4	1	0.1	1764	100.0
Discrimination by Public	74	4.2	160	9.1	1529	86.7	1	0.1	1764	100.0
Accommodation/Housing	50	2.8	124	7.0	1590	90.1	0	0.0	1764	100.0
School or Educational Programs	67	3.8	97	5.5	1600	90.7	0	0.0	1764	100.0
Finding a Job Training Program	90	5.5	64	3.6	1610	91.3	0	0.0	1764	100.0
Social Services (Counselling, Homemaker, Day Care, etc.)	56	3.2	82	4.7	1625	92.1	1	0.1	1764	100.0
Personal Support Care Services, i.e. Nursing Attendants	38	2.2	47	2.7	1679	95.2	0	0.0	1764	100.0

TABLE 25: Number and Percentage of Respondents by Category of Managing Each Activity

I am interested in understanding how you carry out certain activities.
I'll read you a list of activities. Please give me the answer or the number on the flash card that *best* describes how you manage to carry out each one.

MODULE 5-1

HOW RESPONDENT MANAGES ACTIVITY

Activity	I can do it by myself without any difficulty and without any assistance from people or devices		I can do it sometimes by myself		I can do it if someone helps me		I can do it with aid or device		I think I can do it. Others doing it for me now		I don't know how but I can learn		I can't do it at all even if I wanted to.		Tele-Types		Electric Wheelchairs		Missing Response		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Basic Cooking	1256	71.2	105	6.0	37	2.1	7	0.4	100	5.7	27	1.5	66	3.7	0	0.0	0	0.0	166	9.4	1764	100.0
Doing Your Laundry	1046	59.3	101	5.7	58	3.3	6	0.3	148	8.4	45	2.6	161	9.1	0	0.0	0	0.0	199	11.3	1764	100.0
Doing Light Housekeeping (dust)	1153	65.4	126	7.1	34	1.9	5	0.3	103	5.8	18	1.0	147	8.3	0	0.0	0	0.0	178	10.1	1764	100.0
Doing Heavy Housekeeping (scrub)	528	29.9	181	10.3	129	7.3	7	0.4	91	5.2	17	1.0	608	34.5	0	0.0	0	0.0	203	11.5	1764	100.0
Feeding Your Children	187	10.6	8	0.5	2	0.1	0	0.0	0	0.0	0	0.0	7	0.4	0	0.0	0	0.0	1559	88.4	1764	100.0
Dressing Your Children	150	8.5	8	0.5	2	0.1	0	0.0	2	0.1	1	0.1	9	0.5	0	0.0	0	0.0	1592	90.2	1764	100.0
Driving a Car	815	46.2	71	4.0	2	0.1	17	1.0	23	1.3	43	2.4	286	16.2	0	0.0	0	0.0	507	28.7	1764	100.0
Bathing Your Children	134	7.6	14	0.8	3	0.2	0	0.0	2	0.1	2	0.1	14	0.8	0	0.0	0	0.0	1595	90.4	1764	100.0
Carrying Your Children	105	6.0	18	1.0	6	0.3	1	0.1	2	0.1	1	0.1	34	1.9	0	0.0	0	0.0	1597	90.5	1764	100.0
Getting In and Out of Your Bed	1529	86.7	164	9.3	27	1.5	22	1.3	0	0.0	0	0.0	10	0.6	0	0.0	0	0.0	12	0.7	1764	100.0
Moving In a Manual Wheelchair	26	1.5	13	0.7	9	0.5	0	0.0	1	0.1	0	0.0	7	0.4	0	0.0	36	2.0	1672	94.8	1764	100.0
Going Up or Down Stairs	1013	57.4	282	16.0	48	2.7	329	18.7	2	0.1	0	0.0	83	4.7	0	0.0	0	0.0	7	0.4	1764	100.0
Dressing Yourself	1580	89.6	96	5.4	59	3.3	5	0.3	0	0.0	0	0.0	16	0.9	0	0.0	0	0.0	8	0.5	1764	100.0
Grooming (Brush Hair, Shave)	1633	92.6	62	3.5	32	1.8	1	0.1	4	0.2	0	0.0	23	1.3	0	0.0	0	0.0	9	0.5	1764	100.0
Getting In and Out of the Tub (shower)	1366	77.4	134	7.6	81	4.6	81	4.6	0	0.0	0	0.0	86	4.9	0	0.0	0	0.0	16	0.9	1764	100.0
Bathing Yourself (showering)	1629	92.4	53	3.0	45	2.6	2	0.1	0	0.0	0	0.0	27	1.5	0	0.0	0	0.0	8	0.5	1764	100.0
Feeding Yourself	1713	97.1	22	1.3	13	0.7	2	0.1	0	0.0	0	0.0	6	0.3	0	0.0	0	0.0	8	0.5	1764	100.0
Getting On and Off the Toilet	1663	94.3	29	1.6	17	1.0	28	1.6	1	0.1	0	0.0	15	0.9	0	0.0	0	0.0	11	0.6	1764	100.0
Independence In Bladder	1656	93.9	36	2.0	3	0.2	18	1.0	0	0.0	2	0.1	15	0.9	0	0.0	0	0.0	34	1.9	1764	100.0
Independence In Bowel	1651	93.6	29	1.6	5	0.3	36	2.0	0	0.0	1	0.1	9	0.5	0	0.0	0	0.0	33	1.9	1764	100.0
Taking Medication by Yourself	1617	91.7	24	1.4	46	2.6	4	0.2	6	0.3	0	0.0	20	1.1	0	0.0	0	0.0	47	2.7	1764	100.0
Going From One Room to Another	1607	91.1	66	3.7	9	0.5	67	3.8	0	0.0	0	0.0	7	0.4	0	0.0	0	0.0	8	0.5	1764	100.0
Using Small Objects Like a Key	1568	88.9	127	7.2	11	0.6	3	0.2	1	0.1	1	0.1	38	2.2	0	0.0	0	0.0	15	0.9	1764	100.0
Using the Telephone	1554	88.1	72	4.1	26	1.5	48	2.7	2	0.1	1	0.1	41	2.3	1	0.1	0	0.0	19	1.1	1764	100.0
Ride a 2-wheel Bike	71	4.0	5	0.3	1	0.1	2	0.1	0	0.0	3	0.2	15	0.9	0	0.0	0	0.0	1667	94.5	1764	100.0
Skip/Jump Rope	60	3.4	9	0.5	0	0.0	0	0.0	0	0.0	5	0.3	23	1.3	0	0.0	0	0.0	1667	94.5	1764	100.0
Catch/Throw a Ball	82	4.7	8	0.5	4	0.2	0	0.0	0	0.0	0	0.0	4	0.2	0	0.0	0	0.0	1666	94.4	1764	100.0
Colour/Paint	90	5.1	4	0.2	2	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	1667	94.5	1764	100.0
Ice Skate	57	3.2	6	0.3	4	0.2	0	0.0	0	0.0	13	0.7	18	1.0	0	0.0	0	0.0	1666	94.4	1764	100.0

(iii) NEED-RELATED CHARACTERISTICS
(b) Mobility and Transportation

TABLE 26: Number and Percentage of Respondents Reporting Each Cause and Location of Difficulty, as a Result of Their Physical Problem, with Entrances and Entering Buildings

When it comes to getting into a building, do any of the following give you any difficulty?
MODULE 6-2

CAUSE OF DIFFICULTY	No.	%*
No Ramping	102	5.8
Poor Ramping	98	5.6
Doors too Narrow	59	3.3
Doors too Heavy	406	23.0
Too Many Other Barriers	116	6.6
No Assistance to get in	113	6.4
Too Many People, too crowded	243	13.8
Stairs without Railings	616	34.9
Distance to the Building from parking lot or from transportation	383	21.7

I'll read you a list of different types of buildings. Please tell me whether you have *much* difficulty, *some* difficulty, or *no* difficulty getting in or out of . . .
MODULE 6-3

LOCATION OF DIFFICULTY	No.	%*
Government Federal (e.g. Manpower, Post Office)	312	17.7
Provincial (e.g. COMSOC, Auto Licence Office)	256	14.5
Municipal (e.g. City Hall, Clinics)	288	16.3
Recreational Facilities (including sports)	278	15.7
Theatres	243	13.8
Restaurants	257	14.6
Employment Related Buildings	193	10.9
Grocery Stores	295	16.7
Other Shopping, including Malls	320	18.8
Medical Facilities/Social Agencies	303	17.2
Educational Facilities	168	9.5
Bus or Train Stations	311	17.6
Subway Stations	289	16.4
Places of Worship	261	14.8
Airports	267	15.1

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 27: Number and Percentage of Respondents by Description of How They Get About Inside Their Home/Institution

Which of the following statements most accurately describe
how you get about inside your home/institution?
MODULE 6-4

MOBILITY INSIDE OWN HOME/INSTITUTION	No.	%
Must stay in bed all or most of the time	9	0.5
Need help of another person in getting around the house/institution	20	1.1
Need the help of some special aid such as a walker or wheelchair to get about the house/institution	111	6.3
Do not need the help of another person or special aid but have trouble getting around freely	278	15.8
No problems at all getting in or out	1346	76.3
TOTAL:	1764	100.0

TABLE 28: Number and Percentage of Respondents by Description of How They Get In and Out of Their Home/Institution

Which one of the following statements best describes
how you get in and out of your home/institution?
MODULE 6-5

MOBILITY IN AND OUT OF OWN HOME/INSTITUTION	No.	%
Must stay indoors all or most of time	28	1.6
Must have human assistance all the time to get in and out	71	4.0
Must have a special aid or device to help me get in or out	107	6.1
Must have lift or ramp to help me get in or out	11	0.6
Do not need help of another person or special aid, but have difficulty getting in or out	217	12.3
No problem at all getting in or out	1329	75.3
Missing	1	0.1
TOTAL:	1764	100.0

TABLE 29: Number and Percentage of Respondents by Description of Mobility Outside the Home/Institution, in the Community

Finally, which of these statements *best* describes your mobility
outside your home/institution in the community?

MODULE 6-6

MOBILITY OUTSIDE OWN HOME/INSTITUTION	No.	%
Must stay indoors all or most of time	34	1.9
Must have human assistance all the time	114	6.5
Must have a special aid, device or transportation	120	6.8
Do not need help of another person or special aid, but have trouble getting around freely	302	17.1
No problems at all, get about freely	1194	67.7
TOTAL:	1764	100.0

TABLE 30: Number and Percentage of Respondents by Description of Use Made of Regular Public Bus or Streetcar Transportation

Earlier, we asked you whether you could get into particular buildings: now, we would like to ask you whether transportation to the buildings is difficult.

Which best describes how you can make use of regular *public* bus or streetcar transportation?

MODULE 10-1

USE MADE OF REGULAR PUBLIC BUS OR STREETCAR	No.	%
Can't use at all. Physically unable	154	8.7
Must have human assistance getting to, onto or off public transportation services	60	3.4
Must have assistance of a device or aid to get on or off	56	3.2
Don't need assistance but have difficulty	268	15.2
No problems at all	840	47.6
Not available in community	383	21.7
Missing	3	0.2
TOTAL:	1764	100.0

TABLE 31: Number and Percentage of Respondents Having Difficulty Using Public Transportation Available in the Community, by Reason for Difficulty When Using Public Transportation Services

What makes it difficult for you to use *public* transportation services?
 MODULE 10-2

REASON FOR DIFFICULTY USING PUBLIC TRANSPORTATION	No.	%
Getting to the service	54	10.6
Public transportation is poor/non-existent	130	25.5
Toilet needs	9	1.8
Availability of right service	8	1.6
Cost	8	1.6
Getting on and off (stairs)	257	50.4
Location of transportation services	20	3.9
Weather	22	4.3
Escalators	2	0.4
Other	0	0
TOTAL:	510	100.0

TABLE 32: Number and Percentage of Respondents by Description of Use of Private Transportation Such as Car or Taxi

Which best describes how you can make use of private transportation, such as a car or taxi?
MODULE 10-3

USE OF PRIVATE TRANSPORTATION	No.	%
Can't use at all. Physically unable	10	0.6
Must have human assistance getting in or out	110	6.2
Must have assistance of a device or aid to get in or out	36	2.0
Don't need assistance but have difficulty	243	13.8
No problems at all	1364	77.3
Missing	1	0.1
TOTAL:	1764	100.0

TABLE 33: Number and Percentage of Respondents by Description of Use of Special Transportation Such as Van Services or Wheel-Trans

Do you use special transportation such as van services or wheel-trans, and if so which do you most often use?

MODULE 10-4

USE OF SPECIAL TRANSPORTATION	No.	%
Can't use any. Physically unable	3	0.2
Ambulance	16	0.9
Can only use van services (parallel transportation or wheels-trans services)	14	0.8
Able to use specially scheduled buses, if assisted	22	1.2
No problems at all with any type of transportation	74	4.2
Don't use any	1392	78.9
Not available in this community	240	13.6
Missing	3	0.2
TOTAL:	1764	100.0

TABLE 34: Number and Percentage of Metro Toronto Respondents by Description of Use of the Subway

For Respondents in Metro Toronto,
which best describes how you make use of the subway?
MODULE 10-5

USE OF SUBWAY	No.	%
Can't use. Physically unable	81	16.8
Must have human assistance getting into or out of station	23	4.8
Must have assistance of a device, or aid to get on or off vehicle	15	3.1
Don't need assistance, but have difficulty	125	25.9
No problems at all	238	49.4
TOTAL:	482	100.0

TABLE 35: Number and Percentage of Respondents by Type of Activity Presenting The Most Serious Transportation Problem

Which type of activity usually presents the most serious transportation problems for you?
MODULE 10-6

ACTIVITY PRESENTING TRANSPORTATION PROBLEM	No.	%
None	1254	71.1
Social	32	1.8
Shopping	97	5.5
Medical care/treatment	111	6.3
Recreational	23	1.3
Work	33	1.9
School/Education	7	0.4
All	175	9.9
Other	27	1.5
Missing	5	0.3
TOTAL:	1764	100

(iii) NEED-RELATED CHARACTERISTICS
(c) Housing

TABLE 36: Number and Percentage of Respondents by Type of Dwelling

The respondent's dwelling type. Circle answer —
MODULE 11-2

TYPE OF DWELLING	No.	%
Single detached	1199	68.0
Single house attached	56	3.2
Semi-detached	96	5.4
Row house	55	3.1
Duplex	23	1.3
Apartment	302	17.1
Mobile home	12	0.7
Institution	1	0.1
Other	20	1.1
	TOTAL: 1764	100

TABLE 37: Number and Percentage of Respondents Who Feel Their Dwelling is a Good Place to Live

Is this a good place for you to live?
MODULE 11-8

DWELLING IS A GOOD PLACE TO LIVE	No.	%
No	187	10.6
Yes	1569	88.9
Missing	8	0.5
TOTAL:	1764	100

TABLE 38: Number and Percentage of Respondents Who Do Not Feel Their Dwelling is a Good Place to Live, by more Suitable Type of Accommodation

What type of accommodation would be better suited for you?
MODULE 11-9

MORE SUITABLE TYPE OF ACCOMMODATION	No.	%
Better Design/Fewer Physical Barriers	64	36.0
Institutional care	2	1.1
Better location, more convenient	58	32.6
More private accommodation	10	5.6
Closer to friends	5	2.8
Less expensive	28	15.7
More space	3	1.7
Housing with support services	8	4.5
TOTAL:	178	100

TABLE 39: Number and Percentage of Respondents Who Have Made Alterations or Adjustments to their Home in Order to Make Fuller Use of it

Have you (or householder) made any alterations or adjustments to your home that helped you make fuller use of the house?
MODULE 11-11

ALTERATIONS OR ADJUSTMENTS MADE TO HOME	No.	%
No	1522	86.3
Yes	235	13.3
Missing	7	0.4
TOTAL:	1764	100.0

TABLE 40: Number and Percentage of Respondents by Number of Times Moved During the Past Five Years

How many times have you moved during the past five years?
MODULE 11-4

NUMBER OF TIMES MOVED	No.	%
0 Times	1227	70.0
1 Time	333	19.0
2 Times	105	6.0
3 Times	57	3.0
4 or more Times	40	2.0
Missing	2	(0.1)
	TOTAL: 1764	100.0

TABLE 41: Number and Percentage of Respondents Who Moved by Reason for Moving

Generally speaking, what is the main reason for moving?
MODULE 11-5

REASON FOR MOVING	No.	%
Can't afford rent	39	7.3
Treatment better elsewhere	5	0.9
Family moved	52	9.8
Better Accommodation	211	39.7
Better access to services	20	3.8
Better access to employment	32	6.0
Better access to education	4	0.8
To be more independent	17	3.2
No special reason	15	2.8
Other	137	25.8
TOTAL:	532	100.0

(iii) NEED-RELATED CHARACTERISTICS
(d) Recreation

TABLE 42: Number and Percentage of Respondents Who Feel They are Limited from Participating in Leisure and Recreational Activities They Would Like, by Limiting Factor

What would you say most limits you from doing these activities?
MODULE 9-3

FACTOR LIMITING PARTICIPATION IN LEISURE/ RECREATIONAL ACTIVITIES	No.	%
There is no opportunity to participate near my home	21	2.2
It costs too much to participate (including equipment costs)	31	3.2
The facilities or area to do it near my home are poor quality, inadequate, not challenging	5	0.5
The facilities near my home are too crowded	3	0.3
I am physically unable to participate	841	86.3
Not enough time — because of work (school)	4	0.4
Not enough time — because of responsibilities at home	5	0.5
Too dangerous	17	1.7
Other	40	4.1
*Don't know how	8	0.8
TOTAL:	975	100.0

*This response category was not shown on questionnaire.

(iii) NEED-RELATED CHARACTERISTICS
(e) Impact of Handicap on Family

TABLE 43: Number and Percentage of Respondents by Effect of Their Condition on Their Immediate Family

How do you think having a child like (Name)
with special needs has affected your personal needs?
(or)
How do you think your condition has affected
your immediate family?
MODULE 13-1

EFFECT OF CONDITION ON IMMEDIATE FAMILY	No.	%
No problem	914	51.8
Brought us together/improved life/more co-operation	167	9.5
Created family stress/fatigue/depression	344	19.5
Made us aware of others with problems	90	5.1
Created financial difficulties	66	3.7
Required special re-arrangements (such as vacations)	61	3.5
Other	102	5.8
Missing	20	1.1
TOTAL: 1764		100.0

TABLE 44: Number and Percentage of Respondents by Effect of Their Condition on Their Relationship with Their Spouse

How do you think having a child like : . . . (Name)
has affected your relationship with your spouse?
(or)
How do you think your condition has affected
your relationship with your spouse?
MODULE 13-3

EFFECT OF CONDITION ON RELATIONSHIP WITH SPOUSE	No.	%
No problem	771	43.7
Brought us together	150	8.5
Stress/tension increased	282	16.0
Free time activity problems	31	1.8
Created financial problems	53	3.0
Required special arrangements, e.g. vacations	28	1.6
Not married or living with anyone	330	18.7
Other	99	5.6
Missing	20	1.2
	TOTAL: 1764	100.0

(iii) NEED-RELATED CHARACTERISTICS

(f) Employment and Job Training

TABLE 45: Number and Percentage of Respondents by Employment Status

PRESENTLY, ARE YOU

1. Employed part time? (30 hours per week or less)
2. Employed full-time? (more than 30 hours per week)
3. A student? 5. A homemaker? 7. Unemployed?
4. Pre-schooler? 6. Retired?

MODULE 7-1

EMPLOYMENT STATUS	No.	%
Employed Part-Time (30 hours per week or less)	119	6.7
Employed Full Time (more than 30 hours per week)	334	18.9
Unemployed	188	10.7
*Other (Student, Pre-Schooler, Homemaker, Retired, Missing)	1123	63.7
TOTAL:	1764	100.0

*Multiple responses were allowed to the question, and because of the manner in which these data were coded, accurate estimates of these separate categories could not be included in this table.

TABLE 46: Number and Percentage of Adult Respondents Who Feel That Their Condition has Necessitated Special Training or Additional Education for Employment.

Adults only:
As a result of your condition has it been necessary
for you to obtain special training or additional
education for employment?
MODULE 7-3

SPECIAL TRAINING OR ADDITIONAL EDUCATION NEEDED FOR EMPLOYMENT	No.	%
No	1602	95.1
Yes	82	4.9
TOTAL:	1684	100.0

TABLE 47: Number and Percentage of Adult Respondents Who Wish to Take Further Training or Education

Adults only:
Is there any further training or education you
would now like to take? Do you know where
you would like to study?
MODULE 7-4

FURTHER TRAINING OR EDUCATION	No.	%
No	1423	85.8
Yes	236	14.2
TOTAL:	1659	100.0

TABLE 48: Number and Percentage of Employed Respondents by Kind of Work Generally Done

Briefly, describe the kind of work you generally do,
describe —
MODULE 7-10

KIND OF WORK GENERALLY DONE	No.	%
Clerical and General Office work (e.g. typing, telephone receptionist, filing, book-keeping, etc.)	61	13.5
Sales Occupation (selling insurance, cars, clothes, etc.)	37	8.2
Service Occupation (police, bartending, floor cleaning, etc.)	68	15.0
Farming, Fishing, Mining, Factory	23	5.1
Manual Labourer (construction, freight, packager, etc.)	46	10.2
Skilled and Semi-Skilled Trades (assembly-line, electrician, etc.)	80	17.7
Transportation Occupation (truck driver, pilot, stewardess, etc.)	11	2.4
First Level Supervisor (foreman, etc.)	22	4.9
Teaching (school teacher, safety trainer, driving instructor, etc.)	12	2.6
Scientific and Technical (doctor, nurse, dentist, civil engineer, etc.)	33	7.3
Social and Artistic (social worker, lawyer, economist, writer, artist, etc.)	12	2.6
Executive Managerial and Related (accountant, bank manager, personnel manager, etc.)	40	8.8
Other	8	1.8
TOTAL:	453	100.0

TABLE 49: Number and Percentage of Employed Respondents by Type of Payment

In your job, are you mainly working:
MODULE 7-11

TYPE OF PAYMENT RECEIVED	No.	%
For wages or salary	378	84.2
For tips or commission	14	3.1
Without pay in a family farm or business	5	1.1
As a self-employed person without paid help	23	5.1
As a self-employed person with paid help	28	6.2
As a volunteer without pay	1	0.2
TOTAL:	449	100.0

TABLE 50: Number and Percentage of Employed Respondents Who Feel They are Limited as a Result of Their Physical Problem When Searching For or Obtaining Employment, by Reason for Limitation

Were you ever limited, as a result of your condition, in searching for, or obtaining employment; and if so, why?
MODULE 7-12

REASON FOR LIMITATION WHEN SEARCHING FOR EMPLOYMENT	No.	%
Not ever limited	343	76.6
Discriminatory Practices	11	2.5
Problems of access or mobility	12	2.7
Transportation	0	0.0
Not enough skills	1	0.2
Tools or equipment not adapted	1	0.2
Employer assessed me as inappropriate	24	5.4
Conditions of job poor or unsafe	8	1.8
Other	48	10.7
TOTAL:	448	100.0

TABLE 51: Number and Percentage of Employed Respondents by Reason Which Generally Prevented Them from Taking a Job Offer

What reason generally prevents you from taking a job offer?
MODULE 7-13

REASON FOR NOT TAKING JOB OFFER	No.	%
Never had the Problem	355	79.1
Poor Pay	4	0.9
Inaccessible Buildings	0	0.0
Transportation Problems	2	0.4
Conditions in Job (e.g. Unsafe)	7	1.6
Attitude of Co-workers	1	0.2
Health Problem Related to Problem	52	11.6
Job not Interesting	5	1.1
Job Below my Abilities	5	1.1
Other	18	4.0
TOTAL:	449	100.0

TABLE 52: Number and Percentage of Employed Respondents by Factor Which Helped Most in Getting Their Last Job

Could you describe what one thing most helped you get your last job?
MODULE 7-14

FACTOR WHICH MOST HELPED IN GETTING LAST JOB	No.	%
My Own Skills	318	70.0
Positive Employer Attitude	15	3.3
Placement Agency (private)	4	0.9
Social or Government Organization	11	2.4
Assistance from Volunteer or other Person	46	10.1
Other	60	13.2
TOTAL:	454	100.0

TABLE 53: Number and Percentage of Employed Respondents by Problems Currently Experienced on the Job, as a Result of Their Physical Problem

Do you now have any problems "on the job" as a result of your condition?
MODULE 7-15

CURRENTLY EXPERIENCED PROBLEM ON THE JOB	No.	%
None	243	54.1
Environmental Barriers (building, furniture)	23	5.1
Attitude of Others	7	1.6
Non-Usable Equipment/Tools	15	3.3
Advancement Problems	6	1.3
Personal Conveniences Poor	2	0.4
Communication Problems	16	3.6
Other	137	30.5
TOTAL:	449	100.0

TABLE 54 : Number and Percentage of Employed Respondents Who Were Asked to Leave a Job, or Were Made to Feel They Had to Leave a Job, Because of Their Physical Problem

Were you ever asked to leave a job or were you made to feel as though you had to leave a job because of your condition?
MODULE 7-16

ASKED TO LEAVE A JOB	No.	%
No	404	90.8
Yes	41	9.2
TOTAL:	445	100.0

TABLE 55: Number and Percentage of Unemployed Respondents Who Have Ever Been Employed Before.

Have you ever been employed before?
MODULE 7-17

EMPLOYED BEFORE	No.	%
No	13	6.9
Yes	176	93.1
TOTAL:	189	100.0

TABLE 56: Number and Percentage of Unemployed Respondents Who Were Limited When Searching For or Obtaining Employment Because of Their Physical Problem, by Reason for Limitation

Were you ever limited, as a result of your condition in searching for or obtaining employment?
MODULE 7-19

REASON FOR LIMITATION WHEN SEARCHING FOR EMPLOYMENT	No.	%
Not Limited	53	28.0
Discriminatory Practices	13	6.9
Problems of Access or Mobility	17	9.0
Transportation	2	1.1
Not Enough Skills	14	7.4
Employer Assessed me as Inappropriate	31	16.4
Conditions on Job Poor or Unsafe	9	4.8
Other	50	26.4
TOTAL:	189	100.0

TABLE 57: Number and Percentage of Unemployed Respondents Who Would be Helped to Get a Job by Job Training Assistance

Would some type of job training assistance help you get a job?
MODULE 7-20

HELPED BY JOB TRAINING ASSISTANCE	No.	%
No	99	52.9
Can't Say	18	9.6
Yes	70	37.4
TOTAL	187	100.0

TABLE 58: Number and Percentage of Unemployed Respondents Who Do Not Wish for Job Training Assistance, by Reason for Feeling that Way

Could you please tell me the reason you feel this way?
MODULE 7-22

REASON FOR NOT WISHING FOR JOB TRAINING ASSISTANCE	No.	%
I've tried it before and it didn't help	5	4.1
Don't know where to go	4	3.3
Not eligible	0	0.0
Not available in my community	3	2.5
Can't get out or about	6	4.9
No special reason	9	7.4
Health problem related to condition	61	50.0
Other	34	27.9
TOTAL	122	100.0

TABLE 59: Number and Percentage of Unemployed Respondents Who Have Had to Turn Down a Job Because of Their Physical Problem, by Reason for Turning Down the Job

Have you ever had to turn down a job because of your physical condition and if yes, why?
MODULE 7-23

REASON FOR HAVING TO TURN DOWN JOB	No.	%
No, Never Happened	105	55.3
Poor Pay or Work Conditions	1	0.5
Inaccessible Facility	1	0.5
Transportation problems getting there and back	0	0.0
Conditions on Job Unsafe	4	2.1
Attitude of co-workers/employer seemed poor	1	0.5
Health Problem Related to my Condition	69	36.3
Fear of Loss of Income Support	1	0.5
Other	8	4.2
TOTAL	190	100.0

TABLE 60: Number and Percentage of Unemployed Respondents Currently Interested in a Job

Given your current situation, would you now be interested in a job?
MODULE 7-24

CURRENTLY INTERESTED IN A JOB	No.	%
No	64	34.4
Yes	122	65.6
TOTAL	186	100.0

TABLE 61: Number and Percentage of Unemployed Respondents by Kind of Work Usually Done

What kind of work can you usually do? Describe.
MODULE 7-25

KIND OF WORK USUALLY DONE	No.	%
Clerical and General Office work (e.g., typing, telephone, receptionist, filing, bookkeeping, etc.)	29	15.5
Sales Occupation (selling insurance, cars, clothes, etc.)	17	9.1
Service Occupation (police, bartending, floor cleaning, etc.)	23	12.3
Farming, Fishing, Mining, Forestry	3	1.6
Manual Labourer (construction, freight, packager, etc.)	31	16.6
Skilled and Semi-skilled Trades (assembly-line, electrician, etc.)	35	18.7
Transportation Occupations (truck driver, pilot, stewardess, etc.)	6	3.2
First Level Supervisor (foreman, etc.)	3	1.6
Teaching (school teacher, safety trainer, driving instructors, etc.)	3	1.6
Scientific and Technical (doctor, nurse, dentist, civil engineer, etc.)	6	3.2
Social and Artistic (social worker, lawyer, economist, writer, artist, etc.)	2	1.1
Executive, Managerial and Related (accountant, bank manager, personal manager, etc.)	5	2.7
Sheltered Workshop	1	0.5
No Special Skills/Nothing	14	7.5
Other	9	4.8
TOTAL	187	100.0

(iii) NEED-RELATED CHARACTERISTICS

(g) Extra Costs Attributed to the Handicap

**TABLE 62: Number and Percentage of Respondents Burdened by Extra Expenses
(For Which No Assistance is Received)**

Many people have extra expenses as a result of their condition; for example, special equipment, medications, or home modifications and transportation costs.

Are you burdened by any for which you do not receive any assistance?

MODULE 7-29

EXTRA EXPENSE	No.	% *
None	940	53.3
Medical or Rehabilitative Services	179	10.1
Drugs	519	29.4
Personal Equipment or Aids	285	16.2
Special Modifications to make Home more Liveable	27	1.5
Transportation Services	189	10.7
Social Services (homemaking, day care)	32	1.8
Nursing or Attendant Care	18	1.0
Equipment Maintenance and Repair	66	3.7
Educational Services	3	0.2
Special Food	65	3.7

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

(iii) NEED-RELATED CHARACTERISTICS
(h) Wants and Expectations

**TABLE 63: Number and Percentage of Respondents Who Feel They are Made Sufficiently
Aware of Government or Agency Services Dealing With Ontario's Disabled**

Do you feel people like yourself are made sufficiently aware of Government or Agency Services
dealing with Ontario's Disabled?
MODULE 8-1

AWARE OF GOVERNMENT OR AGENCY SERVICES	No.	%
No	917	52.0
Yes	805	45.6
Missing	42	2.4
TOTAL	1764	100.0

TABLE 64: Number and Percentage of Respondents Who Feel Services Need to be Better Advertised by Government, Agencies or Groups

I'd like to read you a list of services. Please tell me which ones need to be advertised better by Government, agencies or groups?
MODULE 8-2

SERVICE NEEDING BETTER ADVERTISING	No.	%*
Information on Access to Buildings	346	37.8
Accommodation and Housing	360	39.4
Advisory and Advocacy Groups	397	43.5
Special Aids or Equipment	409	44.6
Camps	278	30.4
Counselling	352	38.5
Day Care/Nursery Programs	271	29.7
Driver Information	305	33.3
Educational Services	360	39.3
Employment Services	391	42.7
Social and Recreational Services	360	39.3
Financial Assistance	560	61.1
Health Services	487	53.2
Social Services	422	46.1
Assisted Home Improvement Programs	354	38.6
Information Services	596	65.0
Insurance Programs	346	37.9
Parent Groups	285	31.2
Equipment Repairs	307	33.5
Sports Information	281	30.7
Transportation Services	387	42.3

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 65: Number and Percentage of Respondents Who Needed Medical or Rehabilitative Services, Related to their Physical Problem, in the Last Twelve Months

Do you feel that in the last 12 months you needed a particular Medical or Rehabilitative Service related to your condition?

MODULE 8-3

MEDICAL OR REHABILITATIVE SERVICE NEEDED IN LAST TWELVE MONTHS	No.	%*
Ambulance Service	117	6.6
Artificial Limbs	15	0.9
Hospitalization	511	29.0
Insurance Coverage (OHIP, Blue Cross)	963	54.6
Mobility Aids (canes, wheelchairs, etc.)	203	11.5
Health Counselling	78	4.4
Dental Care	136	7.7
Distress Assistance	22	1.2
Drugs	1198	67.9
Care at Home (attendants)	94	5.3
Family Planning, Birth Control	6	0.3
Diet or Food Counselling	211	12.0
Tests (blood, urine, blood pressure, etc.)	982	55.7
Genetic Information or Counselling	7	0.4
Genito-urinary Service, Leg Bag	24	1.4
Hearing Aids	89	5.0
Nursing Care at Home	57	3.2
OHIP Information	44	2.5
Orthopedic Shoes	38	2.2
Orthotic Appliances	15	0.9
Occupational Therapy	34	1.9
Physiotherapy	311	17.6
Sex Counselling	4	0.2
Speech Therapy	38	2.2
Medical Care — Consultation	1345	76.2

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 66: Number and Percentage of Respondents Who Needed Social Services, Related to Their Physical Problem, in the Last Year

Now let's turn to the various Social Services. During the last year, did you feel you needed a particular Social Service related to your condition, such as; Homemakers, Child Care, Counselling, etc.

MODULE 8-8

SOCIAL SERVICE NEEDED IN THE LAST YEAR	No.	%*
Accommodation or Housing	26	1.5
Advisory and Advocacy Groups	23	1.3
Equipment Services (including repairs) Aids, Devices	53	3.0
Camps	10	0.6
Financial Assistance	154	8.7
Counselling	67	3.8
Crisis Intervention	5	0.3
Day Care/Nursery Programs/Parent Relief	20	1.1
Vocational Rehabilitation	16	0.9
Employment	26	1.5
Transportation	84	4.8
Social/Recreational Programs	32	1.8
Diet, Nutrition Services	40	2.3
Home Care Programs	68	3.9
Homemaker Services	118	6.7
Meals-on-Wheels	17	1.0
Information and Advice	83	4.7
Nursing Homes, Residences	10	0.6

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 67: Number and Percentage of Respondents Who Feel That The Government Could or Should Do Things to Help People With Physical Problems

What things do you feel the Government could or should do to help people who are disabled and, in particular, people who have your condition?
MODULE 12-3

GOVERNMENT ACTION	No.	%*
More Legislation	230	13.0
More or Better Information Services	403	22.8
More Financial Benefits	702	39.8
More Services	429	24.3
More PR and Public Education	332	18.8
Improve Services	428	24.3

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 68: Number and Percentage of Respondents Who Feel Private or Voluntary Agencies Can Do Things to Best Help People With Physical Problems

What do you feel, private or voluntary agencies (like the March of Dimes) can do to best help people with these problems?
MODULE 12-4

PRIVATE OR VOLUNTARY AGENCY ACTION	No.	%*
More Advocacy	172	9.8
More or Better Information on Services	315	17.9
Improve Services	241	13.7
More Services	270	15.3

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 69: Number and Percentage of Respondents Who Have Personally Experienced Discrimination Related to Their Physical Problem in the Last Twelve Months

Some people feel that the general public discriminates against the disabled or the handicapped.
Have you personally experienced any discrimination related to your condition in the last twelve months?
MODULE 12-1

DISCRIMINATION EXPERIENCED	No.	%*
No	1512	85.7
Yes	244	13.8
Missing	8	0.5
TOTAL	1764	100

APPENDIX i

“Physical and Health Problems in the Household” Mail Questionnaire

INSTRUCTIONS

EACH OF THE FOLLOWING STATEMENTS APPLIES TO *ANYONE* IN YOUR HOUSEHOLD WHO MAY BE RESTRICTED IN SOME ACTIVITIES BECAUSE OF A *PHYSICAL OR HEALTH* PROBLEM. FOR PURPOSES OF THIS STUDY YOUR HOUSEHOLD IS MEANT TO INCLUDE ANYONE WHO NORMALLY RESIDES IN YOUR HOME SUCH AS PARENTS, CHILDREN, FOSTER CHILDREN, OTHER RELATIVES, BOARDERS, ETC.

PLEASE ANSWER EACH STATEMENT WITH A CHECK MARK (✓) IN THE “YES” BOX IF *ANYONE* IN YOUR HOUSEHOLD QUALIFIES. IF NO ONE IN YOUR HOUSEHOLD QUALIFIES, CHECK THE “NO” BOX. PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED ENVELOPE, *EVEN* IF NONE OF THESE STATEMENTS APPLY TO ANYONE IN YOUR HOUSEHOLD. FINALLY, PLEASE FILL IN YOUR NAME, ADDRESS AND TELEPHONE NUMBER. THANK YOU FOR YOUR CO-OPERATION.

	YES	NO	
1	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE REQUIRES SPECIAL TRANSPORTATION SERVICE OR MODIFICATIONS TO A CAR OR VAN TO GET ABOUT.
2	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE IS BLIND OR HAS SERIOUS DIFFICULTY SEEING, <i>EVEN</i> WITH GLASSES.
3	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE CANNOT SPEAK OR HAS SERIOUS DIFFICULTY SPEAKING.
4	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE IS DEAF OR HAS SERIOUS HEARING PROBLEMS.
5	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE DOES NOT HAVE FULL USE OF A LEG, ARM, HAND OR FOOT, OR WEARS AN ARTIFICIAL LIMB, BRACE OR OTHER ASSISTING DEVICE.
6	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE USES A WHEELCHAIR, CANE, WALKER OR OTHER AID TO GET ABOUT.
7	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE NEEDS THE ASSISTANCE OF ANOTHER PERSON IN GETTING ABOUT OUTSIDE OR MOVING AROUND INSIDE.
8	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE CANNOT STAND OR HAS DIFFICULTY WITH BALANCE.
9	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE CAN'T WALK UP OR DOWNSTAIRS.
10	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE HAS TO STAY IN BED ALL OR MOST OF THE DAY.
11	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE HAS SEVERE PAIN FROM A CONDITION WHICH HAS EXISTED FOR A LONG TIME OR IS EXPECTED TO LAST FOR SOME TIME.
12	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE IS UNABLE TO WORK AT ALL OR TO WORK REGULARLY.
13	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE IS RECEIVING REHABILITATION TREATMENT.
14	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE REQUIRES SPECIAL SCHOOLING PROGRAMS.
15	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE HAS TO STAY INDOORS MOST OF OR ALL OF THE TIME.
16	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE IS LIMITED IN RECREATIONAL OR SPORT ACTIVITIES.
17	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE REQUIRES A LOT OF EXTRA CARE.
18	<input type="checkbox"/>	<input type="checkbox"/>	SOMEONE RECEIVES MEDICINE OR MEDICAL TREATMENT ON A REGULAR BASIS TO CONTROL A CONDITION WHICH COULD BE DISABLING, SUCH AS: DIABETES, EPILEPSY, KIDNEY OR HEART DISEASE, ETC.

HOW MANY PEOPLE IN THE HOUSEHOLD HAVE ANY OF THE ABOVE MENTIONED PROBLEMS?
(CHECK - ✓ - ONE BOX)

NONE	ONE	TWO	THREE OR MORE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR NAME: _____	MAY WE CALL BACK FOR MORE INFORMATION IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR ADDRESS: _____ _____ _____	
TELEPHONE NO.: _____	

FOR OFFICE USE ONLY

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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APPENDIX ii

Instructions and Data Sheets for Telephone Interviewers.

CONTACTING THE RESPONDENT

TELEPHONE SCREEN

September 6, 1979

Those questionnaires with one or more "Yes" answers may *NOT* necessarily indicate that the Respondent is, indeed, disabled and, thus, someone to be interviewed.

The most effective way to determine a disability is to phone the Respondent named on the questionnaire. The following approach should enable you to determine if an interview is needed.

1. Identify yourself and that you are calling on behalf of the OHSSP.
2. Ask to speak to the person who responded to the questionnaire.
3. If the person is not present, or is unable to come to the phone, find out when you might call again. This should help determine the person's physical condition (i.e. deaf, quadriplegic, etc.). If the Respondent cannot come to the phone, ask if another adult is available to answer a few additional questions.
4. Inform the person that you are conducting a follow-up to the questionnaire and ask whether the speaker is the person referred to on the questionnaire.
5. If Q. 18 has been answered "Yes", (meaning a member of the household is in an institution) and other questions have been answered yes, it is necessary to find out if the reference is only to the institutionalized person. If so, no interview is required.
6. If Q. 18 has been answered "Yes" and no others are marked "Yes", then, of course, there is no need for an interview.
7. Regardless of whether Q. 18 is "Yes" or "No", other "Yes" answers may indicate the need for an interview.
8. Ask for the Respondent's age.
9. If *under 5*, assess need for an interview. That is, a child may not be able to do certain activities because he is a child. On the other hand, the child may be unable to do certain activities because of a handicap. In this latter case, an interview is warranted.
10. Note if the Respondent is 16 or under. If they are disabled, an adult proxy (preferably a parent) needs to be present for the interview. Also, determine whether a language problem or communications problem exists requiring a proxy or translator.
11. Ask whether the Respondent's condition has lasted for 6 months or longer, or is likely to last six months or longer. This seeks to determine whether or not the person is presently recovering from an injury or an illness or disability. Temporarily disabled people will not be interviewed and six months has been fixed as the point at which a temporary disability will be considered "long term". If the expectation of period of disability is unclear or unknown, and the impairment would appear to constitute a handicap go ahead with an interview. It is preferable to do too many rather than too few interviews.
12. Then, ask the actual cause of the condition. If the condition is caused by an emotional or mental problem, senility, or mental retardation, then there is no need for an interview. Thank them and end the call.

13. If, however, the cause of the condition is a disease, chronic illness, or injury, or congenital defect, and results in some form of functional limitation, then an interview is required.
14. At this point, if a disability clearly exists, you need to ask for an interview. Explain to the person that you would like to conduct a subsequent interview with them. Establish the importance to the survey in learning as much as possible from persons such as themselves. You may find it appropriate to say that all information collected is strictly confidential, and that the entire interview will take less than an hour. Finally, make certain the appointed time is at their convenience.

RESPONDENT LOG SHEET

I.D. #	_____	DISABILITY CLASSIFICATION 1	_____
		DISABILITY CLASSIFICATION 2	_____
AGE	_____	DISABILITY CLASSIFICATION 3	_____
		DISABILITY CLASSIFICATION 4	_____
SEX	_____	LENGTH OF DISABILITY	_____

“Ontario Health Survey of Special Populations” Questionnaire

CARDID No.

101580008

RPH - 1 Second Stage
FACE SHEET

Respondent's NamePhone No. (H)

Address(B)

P. Code

Age Sex

Date of Supervisor's First Phone Contact

NATURE OF DISABILITY:

LENGTH OF DISABILITY:

LANGUAGE OF RESPONDENT:

Proxy or Interpreter Required? 1. No 2. Yes 9

Supervisor's Callbacks				Interviewer's Callbacks			
DATE		TIME		DATE		TIME	

INTERVIEWER'S NAME

Date of Interview: 10

Length of Interview:

INTERVIEWER: If you were unable to complete the interview or it could not be held, please state clearly why:

13

Number of Disabled in Household:
Statements checked YES on the Screener by the Respondent:

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18

MODULE 01 – INTRODUCTION

I'd like to remind you that everything you say is confidential. Your name will not be used.

INTERVIEWER: Briefly explain the purpose of the Survey.

Some of our questions are personal, but we'd appreciate your answers. Do you have any questions before I begin?

01 No

9 ☐

02 Yes (specify) _____

MODULE 02 – BASIC INFORMATION

2-1 SEX

1. Male

2. Female

11 ☐

2-2 WHAT IS YOUR DATE OF BIRTH?

12
D D M M Y Y

Day

Month

Year

2-3 WHAT IS YOUR PRESENT MARITAL STATUS?

18 ☐

1. Single (Never Married)

4. Divorced

2. Married

5. Widowed

3. Separated

6. Common-Law Union

INTERVIEWER: If In An Institution, Delete Q. 2-4 & 2-5.

19 ☐

2-4 WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

2-4
DELETE IF
IN AN
INSTITUTION

01 Husband

08 Mother

02 Wife

09 Father-in-law

03 Son

10 Mother-in-law

04 Daughter

11 Brother

05 Son-in-law

12 Sister

06 Daughter-in-law

13 Brother-in-law

07 Father

14 Sister-in-law

- | | |
|----------------|-------------------------|
| 15 Grandchild | 21 Other Relative |
| 16 Grandparent | 22 Foster Child or Ward |
| 17 Nephew | 23 Lodger |
| 18 Niece | 24 Housekeeper |
| 19 Uncle | 25 Head of House |
| 20 Aunt | 26 Other (specify) |

2-5 WHO ARE THE OTHER MEMBERS OF YOUR HOUSEHOLD? (code as Q. 2-4)
APPROXIMATELY HOW OLD ARE THEY? DO ANY OF THEM HAVE A PHYSICAL OR HEALTH PROBLEM?

	Relationship	Age	Impairment			Code as			
			Yes	No		Q. 2-4	Age	Yes/No	
1					21				
2					26				
3					31				
4					36				
5					41				
6					46				
7					51				
8					56				
9					61				

2-6 WHAT IS THE LANGUAGE USUALLY SPOKEN HERE?

66 ☐

01 English

02 French

Other (specify) _____

2-7 WHAT IS THE LANGUAGE YOU MOST OFTEN SPEAK? (IF SPEECH-IMPAIRED, USE "UNDERSTAND".)

68 ☐

01 English

02 French

Other (specify) _____

2-8 WHERE WERE YOU BORN?

70 ☐

01 Canada-Province? _____

02 Outside Canada-Country _____

2-9 WHAT IS THE *HIGHEST* GRADE OR YEAR OF SCHOOL YOU HAVE COMPLETED?

- 01 No schooling
 02 Pre-school (nursery, kindergarten)
 03 Less than Grade 5
 04 Grades 5-8
 05 Grades 9-11
 06 Grades 12-13
 07 Technical or Trade School
 08 Community College
 09 University (undergraduate)
 10 University (graduate)
 11 University (post-graduate)

9

INTERVIEWER: IF "R" FINISHED HIGH SCHOOL, ASK Q. 2-10

2-10	WHAT IS THE NAME OF YOUR DEGREE/DIPLOMA/ CERTIFICATE/COURSE?	1 Completed	2 In Progress	3 Not Completed	Degree Code	1,2 or 3
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 <input type="text"/> <input type="text"/>	<input type="checkbox"/>

MODULE 03 – DISABILITY CLASSIFICATION

3-1 TODAY, THERE ARE MANY WORDS OR PHRASES USED TO DESCRIBE PEOPLE WITH PHYSICAL CONDITIONS; WORDS SUCH AS "THE HANDICAPPED", "THE DISABLED", ETC. WHICH ONE DO YOU PREFER TO USE? 20

- 01 Physically Handicapped
 02 Physically Disabled
 03 Handicapped
 04 Disabled
 05 Impaired
 06 No Preference
 07 Illness or Impairment Specific
 08 Other (specify)

3-2 COULD YOU TELL ME, IN YOUR OWN WORDS, WHAT YOUR PARTICULAR CONDITION IS?

1. 22
 2. 24
 3. 26
 4. 28

3-3

CAN YOU TELL ME THE MEDICAL TERM FOR THIS, OR WHAT A DOCTOR HAS SAID YOUR CONDITION IS?

- | | |
|----------|-----------------------------|
| 1. _____ | 30 <input type="checkbox"/> |
| 2. _____ | 32 <input type="checkbox"/> |
| 3. _____ | 34 <input type="checkbox"/> |
| 4. _____ | 36 <input type="checkbox"/> |

3-4
FLASH
CARD

WHAT CAUSED \leq YOUR CONDITION?
EACH OF THESE CONDITIONS?

- | | |
|---|-----------------------------|
| FIRST CONDITION <input type="checkbox"/> | 38 <input type="checkbox"/> |
| SECOND CONDITION <input type="checkbox"/> | 40 <input type="checkbox"/> |
| THIRD CONDITION <input type="checkbox"/> | 42 <input type="checkbox"/> |
| FOURTH CONDITION <input type="checkbox"/> | 44 <input type="checkbox"/> |

FLASH CARD CODE

- | | |
|-----------------------|--------------------------|
| 1. Birth | 6. Accident in travel |
| 2. Illness | 7. Genetic or hereditary |
| 3. Just getting older | 8. Environmental cause |
| 4. Accident at work | 9. Cause unknown |
| 5. Accident at home | |

INTERVIEWER: If condition existed from birth, OMIT Q. 3-5 but code appropriately.

3-5

HOW LONG HAVE YOU HAD YOUR CONDITION?

☐ Years 46 ☐

3-6
FLASH
CARD

WHICH OF THE FOLLOWING BEST DESCRIBES HOW WELL YOU HEAR?

- | | |
|--|-----------------------------|
| 1. I am profoundly deaf. | |
| 2. I have serious hearing difficulties in most situations, even when I wear a hearing aid. | |
| 3. I have some difficulties in most situations, even when I wear a hearing aid. | 48 <input type="checkbox"/> |
| 4. I have hardly any difficulties in most situations. | |
| 5. I have no hearing difficulty. | |

INTERVIEWER:

If "5", and if "R" is blind or sight impaired, then go to Q3-13.

If "5", and the "R" has no problems with vision, but is speech impaired then go to Q3-17.

If "5", and no speech or vision problems, then go to Module 4.

3-7 DO YOU WEAR A HEARING AID?

1. No. Ask Q. 38

2. Yes. Go to Q. 3-9

49 ☐

3. Sometimes. Go to Q. 3-9

3-8 IS THERE ANY REASON WHY YOU DON'T WEAR ONE?

1. I don't know where to get one

2. I can't afford one

3. It can't help me/I don't need one

50 ☐

4. No special reason

5. I have never had one prescribed

6. Other (specify) _____

3-9 CAN YOU

1 No 2 Yes 3 Somewhat

1. Talk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/>
2. Sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/>
3. Finger spell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/>
4. Lip read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/>

3-10 WHICH OF THE FOLLOWING ITEMS DO YOU HAVE? WHICH DEVICES DO YOU NEED?

	1 Have	2 Need	3 Don't Have & Don't Need	
1. Baby cry alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/>
2. TTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56 <input type="checkbox"/>
3. Fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57 <input type="checkbox"/>
4. Telephone devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58 <input type="checkbox"/>
Are There Others You Have or Need?				
5. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3-11 IN THE LAST YEAR, HAVE YOU EVER USED AN INTERPRETER? 68 ☐

1. No. Ask Q. 3-12

2. Yes. Go to Q. 3-13 if blind; Q. 3-17 if speech impaired.

3-12

IS THERE A REASON YOU DIDN'T USE AN INTERPRETER? 69 ☐

1. I didn't know where to get the service

2. Too expensive

3. Not available where I live

4. No special reason/haven't needed one

5. I use family/friends

6. Other (specify) _____

70 ☐

INTERVIEWER: If R is blind, or sight-impaired, ask Q. 3-13 to 3-16.
Code "1" in Box 70.

3-13

ARE YOU CERTIFIED LEGALLY BLIND? 71 ☐

1. No. Ask Q. 3-14.

2. Yes. Go to Q. 3-15.

3-14 IS THERE ANY REASON WHY YOU HAVE NOT BEEN CERTIFIED LEGALLY BLIND BY THE C.N.I.B.? 72 ☐

1 I have too much vision

2 I don't know where to go

3 I haven't bothered to register/don't need to register

4 I wasn't aware I could register

5 Other (specify) _____

3-15 HAVE YOU ANY TRAINING IN, OR DO YOU NEED ANY TRAINING IN, BRAILLE?

1 No 2 Yes

Have ☐ ☐

73 ☐

Need ☐ ☐

74 ☐

3-16 WHICH TYPE OF MOBILITY ASSISTANCE DO YOU USE?

CARD 4 ID No.

WHICH DO YOU NEED?

1 0 4 ☐ ☐ ☐ ☐ ☐ ☐ 8

	1 Use	2 Need	3 Don't Use Don't Need	
1. Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>
2. Human guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 <input type="checkbox"/>
3. Guide dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="checkbox"/>

ARE THERE OTHERS YOU USE OR NEED?	USE	NEED	
5. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER:
If "R" Has A Speech Problem, Ask Q. 3-17 To Q. 3-18
Code "1" In Box 18.

18 ☐

3-17 WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU TALK? (IF THE PROBLEM IS APPARENT, DO NOT ASK, CODE ACCORDINGLY)

1. Stammer
2. Stutter
3. Slur

4. Limited speech
5. No speech
6. Other (specify) _____

19 ☐

3-18 HOW WELL DO YOU FEEL YOU ARE ABLE TO MAKE YOURSELF UNDERSTOOD WITH

	1 Completely	2 Partially	3 Not at All	
1. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>
2. Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 <input type="checkbox"/>
3. Other (strangers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 <input type="checkbox"/>

MODULE 04 – NEEDS PRIORIZATION

4-1 I'D LIKE TO READ A LIST OF SOCIAL PROBLEMS, ISSUES AND DAILY LIVING AREAS. AS A RESULT OF YOUR CONDITION PLEASE TELL ME WHICH OF THESE PRESENTS 'A BIG PROBLEM', 'SMALL PROBLEM', OR 'DOES NOT AFFECT YOU', AT THE PRESENT TIME?

	1 A big problem in my life	2 A small problem in my life	3 Does not affect me	
1. Personal support care services, i.e; nursing attendants.				23 <input type="checkbox"/>
2. Discrimination by the public.				24 <input type="checkbox"/>
3. Finding a job.				25 <input type="checkbox"/>
4. School or educational programs.				26 <input type="checkbox"/>
5. Entry into or exit out of buildings.				27 <input type="checkbox"/>
6. Accommodation or housing.				28 <input type="checkbox"/>
7. Income security.				29 <input type="checkbox"/>
8. Transportation services.				30 <input type="checkbox"/>
9. Aids/devices or special equipment.				31 <input type="checkbox"/>
10. Medical or rehab. treatment.				32 <input type="checkbox"/>
11. Information about available services.				33 <input type="checkbox"/>
12. Day to day functioning.				34 <input type="checkbox"/>
13. Recreational/social activities.				35 <input type="checkbox"/>
14. Social services (counselling, homemaker, day care, etc.)				36 <input type="checkbox"/>
15. Family relationships.				37 <input type="checkbox"/>
16. Mobility in your community.				38 <input type="checkbox"/>
17. Finding a job training program.				39 <input type="checkbox"/>

HAVE I MISSED ANY?

40 ☐☐☐☐

43 ☐☐☐☐

MODULE 05 – PERSONAL AIDS/NEEDS

5-1 FLASH CARD

I AM INTERESTED IN UNDERSTANDING HOW YOU CARRY OUT CERTAIN ACTIVITIES.

I'LL READ YOU A LIST OF ACTIVITIES. PLEASE GIVE ME THE ANSWER OR THE NUMBER ON THE FLASH CARD THAT *BEST* DESCRIBES HOW YOU MANAGE TO CARRY OUT EACH ONE.

Activity		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Not Applicable</div> <div>I can do by myself without any difficulty and without any assistance from people or devices</div> <div>I can sometimes do it by myself</div> <div>I can do it if someone helps me</div> <div>I can do it with aid or device</div> <div>I think I can do it. Others doing it for me now</div> <div>I don't know how, but I can learn.</div> <div>I can't do it at all – even if I wanted</div> <div>TTY</div> <div>Electric Wheelchair</div> </div>											
		1	2	3	4	5	6	7	8	9	10		
ADULT ONLY	1 Basic cooking											46	<input type="checkbox"/>
	2 Doing your laundry											47	<input type="checkbox"/>
	3 Doing light housekeeping (dust)											48	<input type="checkbox"/>
	4 Doing heavy housekeeping (scrub)											49	<input type="checkbox"/>
	5 Feeding your children											50	<input type="checkbox"/>
	6 Dressing your children											51	<input type="checkbox"/>
	7 Driving a car											52	<input type="checkbox"/>
	8 Bathing your children											53	<input type="checkbox"/>
	9 Carrying your children											54	<input type="checkbox"/>
BOTH ADULT AND CHILD	10 Getting in and out of your bed											55	<input type="checkbox"/>
	11 Moving in a manual wheelchair											56	<input type="checkbox"/>
	12 Going up or down stairs											58	<input type="checkbox"/>
	13 Dressing yourself											59	<input type="checkbox"/>
	14 Grooming (brush hair, shave)											60	<input type="checkbox"/>
	15 Getting in and out of the tub (shower)											61	<input type="checkbox"/>
	16 Bathing yourself (showering)											62	<input type="checkbox"/>
	17 Feeding yourself											63	<input type="checkbox"/>
	18 Getting on and off the toilet											64	<input type="checkbox"/>
	19 Independence in bladder											65	<input type="checkbox"/>
	20 Independence in bowel											66	<input type="checkbox"/>
	21 Taking medication by yourself											67	<input type="checkbox"/>
	22 Going from one room to another											68	<input type="checkbox"/>
	23 Using small objects like a key											69	<input type="checkbox"/>
	24 Using the telephone											70	<input type="checkbox"/>
	CHILD ONLY	25 Ride a 2-wheel bike											71
26 Skip/jump rope												72	<input type="checkbox"/>
27 Catch/throw a ball												73	<input type="checkbox"/>
28 Colour/paint												74	<input type="checkbox"/>
29 Ice skate												75	<input type="checkbox"/>

5-2
FLASH
CARD

IN LOOKING AT THE LIST OF ACTIVITIES AGAIN, PLEASE TELL ME HOW IMPORTANT, YOU FEEL IT IS FOR YOU TO BE ABLE TO DO EACH ONE. I'LL READ THROUGH THE LIST – PLEASE TELL ME WHETHER EACH IS VERY IMPORTANT, IMPORTANT, NOT IMPORTANT, OR NOT APPLICABLE.

		VERY IMPORTANT	IMPORTANT	NOT IMPORTANT	NOT APPLICABLE	
Activity		4	3	2	1	
ADULT ONLY	1 Basic cooking					9 <input type="checkbox"/>
	2 Doing your laundry					10 <input type="checkbox"/>
	3 Doing light housekeeping (dust)					11 <input type="checkbox"/>
	4 Doing heavy housekeeping (scrub)					12 <input type="checkbox"/>
	5 Feeding your children					13 <input type="checkbox"/>
	6 Dressing your children					14 <input type="checkbox"/>
	7 Driving a car					15 <input type="checkbox"/>
	8 Bathing your children					16 <input type="checkbox"/>
	9 Carrying your children					17 <input type="checkbox"/>
BOTH ADULT AND CHILD	10 Getting in and out of your bed					18 <input type="checkbox"/>
	11 Moving in a manual wheelchair					19 <input type="checkbox"/>
	12 Going up or down stairs					20 <input type="checkbox"/>
	13 Dressing yourself					21 <input type="checkbox"/>
	14 Grooming (brush hair, shave)					22 <input type="checkbox"/>
	15 Getting in and out of the tub					23 <input type="checkbox"/>
	16 Bathing yourself					24 <input type="checkbox"/>
	17 Feeding yourself					25 <input type="checkbox"/>
	18 Getting on and off the toilet					26 <input type="checkbox"/>
	19 Independence in bladder					27 <input type="checkbox"/>
	20 Independence in bowel					28 <input type="checkbox"/>
	21 Taking medication by yourself					29 <input type="checkbox"/>
CHILD ONLY	22 Going from one room to another					30 <input type="checkbox"/>
	23 Using small objects like a key					31 <input type="checkbox"/>
	24 Using the telephone					32 <input type="checkbox"/>
	25 Ride a 2-wheel bike					33 <input type="checkbox"/>
	26 Skip/jump rope					34 <input type="checkbox"/>
	27 Catch/throw a ball					35 <input type="checkbox"/>
	28 Colour/paint					36 <input type="checkbox"/>
	29 Ice skate					37 <input type="checkbox"/>

5-3 ARE THERE ANY OTHER AIDS OR DEVICES YOU USE, FOR ANY OF THE PRECEDING ACTIVITIES OR FOR OTHER ACTIVITIES THAT I MAY HAVE MISSED?

1. No

38 ☐

2. Yes (specify) _____

39 ☐

41 ☐

43 ☐

5-4 ARE THERE ANY SPECIAL AIDS OR DEVICES WHICH A PROFESSIONAL SUCH AS A DOCTOR, NURSE, OCCUPATIONAL THERAPIST, PHYSIOTHERAPIST OR OTHER PROFESSIONAL HAVE ADVISED YOU TO GET?

1. No. Go to Module 6.

45 ☐

2. Yes. Ask Q. 5-5

5-5 HAVE YOU OBTAINED THEM?

46 ☐

1. No. Ask Q. 5-6

2. Yes. Go to Module 6.

5-6 COULD YOU PLEASE TELL ME WHY YOU HAVEN'T OBTAINED THEM?

47 ☐

1. Don't need any.

2. Can't afford to buy them.

3. I've ordered them.

4. I'm not sure exactly what I need.

5. Other (specify)

MODULE 06 – MOBILITY AND ACCESS

SOMETIMES BUILDINGS ARE DESIGNED SO THAT SOME DISABLED PEOPLE HAVE A HARD TIME GETTING IN OR OUT.

6-1 DO YOU GENERALLY HAVE ANY DIFFICULTY BECAUSE OF YOUR CONDITION IN ENTERING ANY BUILDINGS IN YOUR COMMUNITY?

48 ☐

1. No. Go to Module 7.

2. Yes

6-2
FLASH
CARD

WHEN IT COMES TO GETTING INTO A BUILDING, DO ANY OF THE FOLLOWING GIVE YOU ANY DIFFICULTY?

1. No ramping	49 <input type="checkbox"/>
2. Poor ramping	50 <input type="checkbox"/>
3. Doors too narrow	51 <input type="checkbox"/>
4. Doors too heavy	52 <input type="checkbox"/>
5. Too many other barriers	53 <input type="checkbox"/>
6. No assistance to get in	54 <input type="checkbox"/>
7. Too many people, too crowded	55 <input type="checkbox"/>
8. Stairs without railings	56 <input type="checkbox"/>
9. Stairs with railings	57 <input type="checkbox"/>
10. Distance to the building from parking lot or from transportation	58 <input type="checkbox"/>

6-3
FLASH
CARD

I'LL READ YOU A LIST OF DIFFERENT TYPES OF BUILDINGS. PLEASE TELL ME WHETHER YOU HAVE *MUCH* DIFFICULTY, *SOME* DIFFICULTY, OR *NO* DIFFICULTY, GETTING IN OR OUT OF ...

	3 No difficulty	2 Some difficulty	1 Much difficulty	
1. Government Federal (e.g. Man-power, Post Office)				59 <input type="checkbox"/>
Provincial (e.g. COMSOC, Auto Licence Office)				60 <input type="checkbox"/>
Municipal (e.g. City Hall, clinics)				61 <input type="checkbox"/>
2. Recreational facilities (including sports)				62 <input type="checkbox"/>
3. Theatres				63 <input type="checkbox"/>
4. Restaurants				64 <input type="checkbox"/>
5. Employment-related buildings				65 <input type="checkbox"/>
6. Grocery stores				66 <input type="checkbox"/>
7. Other shopping, including malls				67 <input type="checkbox"/>
8. Medical facilities/social agencies				68 <input type="checkbox"/>
9. Educational facilities				69 <input type="checkbox"/>
10. Bus or train stations				70 <input type="checkbox"/>
11. Subway stations				71 <input type="checkbox"/>
12. Places of worship				72 <input type="checkbox"/>
13. Airports				73 <input type="checkbox"/>

6-4
FLASH
CARD

WHICH OF THE FOLLOWING STATEMENTS MOST ACCURATELY
DESCRIBE HOW YOU GET ABOUT *INSIDE* YOUR HOME/INSTITUTION

1. Must stay in bed all or most of the time 9 ☐
2. Need help of another person in getting around the house/institution
3. Need the help of some special aid, such as a walker or wheelchair to get about the house/institution
4. Do not need the help of another person or special aid, but have trouble getting around freely
5. No difficulties at all getting around

6-5
FLASH
CARD

WHICH ONE OF THE FOLLOWING STATEMENTS BEST DESCRIBES
HOW YOU GET IN AND OUT OF YOUR HOME/INSTITUTION 10 ☐

1. Must stay indoors all or most of the time
2. Must have human assistance all the time to get in or out
3. Must have a special aid or device to help me get in or out
4. Must have a lift or ramp to help me get in or out
5. Do not need the help of another person or special aid, but have difficulty getting in or out
6. No problems at all getting in or out

6-6
FLASH
CARD

FINALLY, WHICH OF THESE STATEMENTS *BEST* DESCRIBES YOUR
MOBILITY *OUTSIDE* YOUR HOME/INSTITUTION IN THE
COMMUNITY? 11 ☐

1. Must stay indoors all or most of the time
2. Must have human assistance all the time
3. Must have a special aid, device, or transportation
4. Do not need the help of another person or special aid, but have trouble getting around freely
5. No problems at all, get about freely

MODULE 07 — EDUCATION, EMPLOYMENT, INCOME

7-1
FLASH
CARD

PRESENTLY, ARE YOU 12 ☐

1. Employed part time? (30 hours per week or less)
2. Employed full-time? (more than 30 hours per week)
3. A student? 5. A homemaker? 7. Unemployed?
4. Preschooler? 6. Retired?

*INTERVIEWER: If the Respondent answered Q. 7 above with . . .
1 or 2, then ask the Education, Employment and
Income Sub-modules;
3,5, or 6, then ask the Education and Income Sub-
modules;
7, then ask the Education, Unemployment and In-
come Sub-modules;
4, then ask the Income Sub-module alone.*

EDUCATION

7-2	WE TALKED A BIT ABOUT YOUR EDUCATION EARLIER. IS THERE ANY REASON YOU DID NOT CONTINUE YOUR EDUCATION?	14 <input type="checkbox"/>
ADULT ONLY	01 No special reason. Personal choice	
	02 Achieved my goal	
	03 Problems finding the best program	
	04 Problems getting there	
	05 I had to work	
	06 Physical structure of the building	
	07 Dissatisfaction with program	
	08 Financial problems (related to paying for school)	
	09 Still in school	
	10 Health problem related to physical condition	
	11 Married and had to leave	
	12 Other (specify) _____	
7-3	AS A RESULT OF YOUR CONDITION HAS IT BEEN NECES- SARY FOR YOU TO OBTAIN SPECIAL TRAINING OR ADDI- TIONAL EDUCATION FOR EMPLOYMENT?	16 <input type="checkbox"/>
	1. No 2. Yes	
7-4	IS THERE ANY FURTHER TRAINING OR EDUCATION YOU WOULD <i>NOW</i> LIKE TO TAKE? DO YOU KNOW WHERE YOU YOU WOULD LIKE TO STUDY?	
	1. No 2. Yes (Specify the area or subject of study and place or school, if known)	17 <input type="checkbox"/>
	Subject School/City _____ _____	18 <input type="checkbox"/> 22 <input type="checkbox"/>
INTERVIEWER: Ask Q. 7-5 & 7-6 only if "R" is a child		
7-5	WHICH OF THE FOLLOWING BEST DESCRIBES THE TYPE OF SCHOOL YOUR CHILD NOW ATTENDS?	
CHILD ONLY AND FLASH CARD	01 Regular school	26 <input type="checkbox"/>
	02 Regular school, in special education class	
	03 Special school, non-residential	
	04 Special school, residential	
	05 Private school, special education	
	06 Private school	
	07 Other (specify) _____	
7-6	ARE THERE ANY ADDITIONAL EDUCATIONAL FEATURES YOU WOULD LIKE TO SEE FOR YOUR CHILD AT HIS/HER SCHOOL?	28 <input type="checkbox"/>
CHILD ONLY	01 Special classes	
	02 Special subjects	

- 03 More recreational programs
- 04 Special rehabilitation programs
- 05 Individual instruction
- 06 Better transportation to program
- 07 More parent involvement in program
- 08 Other (specify) _____
- 09 No

EMPLOYMENT: ADULT ONLY

7-7 HOW LONG HAVE YOU BEEN ACTIVELY EMPLOYED? 30
MMYY

Months Years

7-8 HOW MANY HOURS DO YOU USUALLY WORK EACH WEEK? 34

Hours

INTERVIEWER: If less than 30 hours, as Q. 7-9, otherwise go to Q. 7-10.

7-9 IS THERE ANY REASON YOU WORK LESS THAN 30 HOURS? 36

- 01 No special reason
- 02 Can't find full-time work
- 03 Only interested in working part-time
- 04 Health reason related to my condition
- 05 Child-care arrangement problems
- 06 Other (specify) _____

7-10 BRIEFLY, DESCRIBE THE KIND OF WORK YOU GENERALLY DO, DESCRIBE 38

- 01 Clerical and general office work (e.g. typing, telephone receptionist, filing, bookkeeping, etc.)
- 02 Sales occupation (selling insurance, cars, clothes, etc.)
- 03 Service occupation (police, bartending, floor cleaning, etc.)
- 04 Farming, fishing, mining, factory
- 05 Manual labourer (construction, freight, packager, etc.)
- 06 Skilled and semi-skilled trades (assembly-line, electrician, etc.)
- 07 Transportation occupations (truck driver, pilot, stewardess, etc.)
- 08 First-level supervisor (foreman, etc.)
- 09 Teaching (school teacher, safety trainer, driving instructor, etc.)
- 10 Scientific and technical (doctor, nurse, dentist, civil engineer, etc.)

- 11 Social and artistic (social worker, lawyer, economist, writer, artist, etc.)
- 12 Executive, managerial, and related (accountant, bank manager, personnel manager, etc.)
- 13 Sheltered workshop
- 14 Other (specify) _____

7-11 IN YOUR JOB, ARE YOU MAINLY WORKING

40 ☐

1. For wages, or salary?
2. For tips, or commission?
3. Without pay in a family farm, or business?
4. As a self-employed person without paid help?
5. As a self-employed person with paid help?
6. As a volunteer without pay?

7-12 WERE YOU EVER LIMITED, AS A RESULT OF YOUR CONDITION, IN SEARCHING FOR, OR OBTAINING EMPLOYMENT; AND IF SO, WHY?

41 ☐

- 01 No
- 02 Discriminatory practices
- 03 Problems of access or mobility
- 04 Transportation
- 05 Not enough skills
- 06 Tools or equipment not adapted
- 07 Employer assessed me as inappropriate
- 08 Conditions of the job poor or unsafe
- 09 Other (specify) _____

7-13 WHAT REASON GENERALLY PREVENTS YOU FROM TAKING A JOB OFFER?

43 ☐

- 01 Never had the problem
- 02 Poor pay
- 03 Inaccessible buildings
- 04 Transportation problems
- 05 Conditions in job (e.g. unsafe)
- 06 Attitude of co-workers
- 07 Health problem related to condition
- 08 Job not interesting
- 09 Job below my abilities
- 10 Other (specify) _____

7-14 COULD YOU DESCRIBE WHAT ONE THING MOST HELPED YOU GET YOUR LAST JOB? 45 ☐☐

- 01 My own skills
- 02 Positive employer attitude
- 03 Placement agency (private)
- 04 Social or government organization
- 05 Assistance from volunteer or other person
- 06 Other (specify) _____

7-15 DO YOU NOW HAVE ANY PROBLEMS "ON THE JOB" AS A RESULT OF YOUR CONDITION? 47 ☐☐

- 01 None
- 02 Environmental barriers (building, furniture)
- 03 Attitude of others
- 04 Non-usable equipment/tools
- 05 Advancement problems
- 06 Personal conveniences poor
- 07 Communication problems
- 08 Other (specify) _____

7-16 WERE YOU EVER ASKED TO LEAVE A JOB OR WERE YOU MADE TO FEEL AS THOUGH YOU HAD TO LEAVE A JOB BECAUSE OF YOUR CONDITION? 49 ☐

- 1. No
 - 2. Yes

Go to Q. 7-26

UNEMPLOYED: ADULT ONLY

7-17 HAVE YOU EVER BEEN EMPLOYED BEFORE? 50 ☐

- 1. No. Go to Q. 7-19
- 2. Yes

7-18 HOW LONG HAVE YOU BEEN UNEMPLOYED? 51 ☐☐☐☐
M M Y Y

☐☐ Months ☐☐ Year(s)

7-19 WERE YOU EVER LIMITED, AS A RESULT OF YOUR CONDITION IN SEARCHING FOR OR OBTAINING EMPLOYMENT? 55 ☐☐

- 01 No
- 02 Discriminatory practices

- 03 Problems of access or mobility
- 04 Transportation
- 05 Not enough skills
- 06 Employer assessed me as inappropriate
- 07 Conditions on the job poor or unsafe
- 08 Other (specify) _____

7-20

WOULD SOME TYPE OF JOB TRAINING ASSISTANCE HELP YOU GET A JOB?

57 ☐

- 1. No. Go to Q. 7-22
- 2. Can't say. Go Q. 7-22
- 3. Yes. Go Q. 7-21

7-21

WHAT TYPE OF JOB TRAINING ASSISTANCE DO YOU THINK YOU COULD USE?

58 ☐

- 1 Manual skills (skills-related training)
- 2 Self-help skills (how to approach an employer)
- 3 Social skills (how to get to work, socialize)
- 4 Job seeking skills (how to look for a job)
- 5 None
- 6 Other (specify) _____

Go to Q. 7-23

7-22

COULD YOU PLEASE TELL ME THE REASON YOU FEEL THIS WAY?

59 ☐

- 01 I've tried it before and it didn't help
- 02 Don't know where to go
- 03 Not eligible
- 04 Not available in my community
- 05 Can't get out or about
- 06 No special reason
- 07 Health problem related to condition
- 08 Other (specify) _____

7-23

HAVE YOU EVER HAD TO TURN DOWN A JOB BECAUSE OF YOUR PHYSICAL CONDITION AND IF YES, WHY?

61 ☐

- 01 No. Never happened
- 02 Poor pay or work conditions
- 03 Inaccessible facility
- 04 Transportation problems getting there or back
- 05 Conditions on job unsafe
- 06 Attitude of co-workers/employer seemed poor

07 Health problem related to my condition

08 Fear of loss of income support

09 Other (specify) _____

7-24

GIVEN YOUR CURRENT SITUATION, WOULD YOU NOW BE INTERESTED IN A JOB?

63 ☐

1. No

2. Yes

7-25

WHAT KIND OF WORK CAN YOU USUALLY DO? DESCRIBE.

64 ☐

01 Clerical and general office work (e.g. typing, telephone receptionist, filing, booking, etc.)

02 Sales occupation (selling insurance, cars, clothes etc.)

03 Service occupation (police, bartending, floor cleaning, etc.)

04 Farming, fishing, mining, forestry

05 Manual labourer (construction, freight, packager, etc.)

06 Skilled and semi-skilled trades (assembly-line, electrician, etc.)

07 Transportation occupations (truck driver, pilot, stewardess, etc.)

08 First level supervisor (foreman, etc.)

09 Teaching (school teacher, safety trainer, driving instructors, etc.)

10 Scientific and technical (doctor, nurse, dentist, civil engineer, etc.)

11 Social and artistic (social worker, lawyer, economist, writer, artist, etc.)

12 Executive, managerial and related (accountant, bank manager, personnel manager, etc.)

13 Sheltered workshop

14 No special skills/nothing

15 Other (specify) _____

INCOME

7-26
FLASH
CARD

HERE IS A CARD LISTING VARIOUS INCOME CATEGORIES, PLEASE LOOK AT IT AND TELL ME BY THE NUMBER BESIDE (1 to 10) WHICH CATEGORY BEST REPRESENTS YOUR INCOME FROM ALL SOURCES BEFORE TAXES DURING THE YEAR ENDING DECEMBER, 1979.

01 No income

02 \$ 1 — 5,000

03 \$ 5,001 — 10,000

04 \$10,001 — 15,000

05 \$15,001 — 20,000

06 \$20,001 — 25,000

07 \$25,001 — 30,000

08 \$30,001 — 35,000

09 \$35,001 — 40,000

10 More than 40,000

66 ☐

7-27
FLASH
CARD

PLEASE LOOK AT THE CARD AGAIN AND TELL ME WHICH CODE BEST REPRESENTS OTHER ADDITIONAL FAMILY INCOME FROM ALL SOURCES, BEFORE TAXES, DURING THE YEAR ENDING DECEMBER, 1979.

68 ☐

7-28

COULD YOU TELL ME THE DIFFERENT SOURCES FROM WHICH YOU AND YOUR FAMILY GETS ITS INCOME: SUCH AS, GOVERNMENT ALLOWANCES, DIVIDENDS, BONDS, etc. (Code 1 for no answers, 2 for yes answers)

1 No	2 Yes
---------	----------

- | | | |
|---|----|--------------------------|
| 1. Wages, salaries, tips, and commissions | 9 | <input type="checkbox"/> |
| 2. Net income from own business, firm, or professional practice | 10 | <input type="checkbox"/> |
| 3. Investment income (interest, dividends, net rents, etc.) | 11 | <input type="checkbox"/> |
| 4. Family allowance | 12 | <input type="checkbox"/> |
| 5. Unemployment insurance benefits | 13 | <input type="checkbox"/> |
| 6. GAINS (Guaranteed Annual Income Supplement) | 14 | <input type="checkbox"/> |
| 7. Family welfare assistance (provincial) | 15 | <input type="checkbox"/> |
| 8. Municipal welfare | 16 | <input type="checkbox"/> |
| 9. Workmen's Compensation | 17 | <input type="checkbox"/> |
| 10. Veterans' allowance | 18 | <input type="checkbox"/> |
| 11. Canada "Manpower" grant | 19 | <input type="checkbox"/> |
| 12. Trust fund | 20 | <input type="checkbox"/> |
| 13. University scholarship | 21 | <input type="checkbox"/> |
| 14. Alimony | 22 | <input type="checkbox"/> |
| 15. Other payments from spouse | 23 | <input type="checkbox"/> |
| 16. Disability premium | 24 | <input type="checkbox"/> |
| 17. Insurance benefits | 25 | <input type="checkbox"/> |
| 18. Government old age security | 26 | <input type="checkbox"/> |
| 19. Old age supplement | 27 | <input type="checkbox"/> |
| 20. Other pensions (company and retirement pensions, annuities, etc.) | 28 | <input type="checkbox"/> |

7-29

MANY PEOPLE HAVE EXTRA EXPENSES AS A RESULT OF THEIR CONDITION; FOR EXAMPLE, SPECIAL EQUIPMENT, MEDICATIONS, OR HOME MODIFICATIONS AND TRANSPORTATION COSTS. ARE YOU BURDENED BY ANY FOR WHICH YOU DO NOT RECEIVE ANY ASSISTANCE? Code 1 No, 2 Yes.

1 No	2 Yes
---------	----------

- | | | |
|--|----|--------------------------|
| 01. No | 29 | <input type="checkbox"/> |
| 02. Medical or rehabilitative services | 30 | <input type="checkbox"/> |
| 03. Drugs | 31 | <input type="checkbox"/> |
| 04. Personal equipment or aids | 32 | <input type="checkbox"/> |
| 05. Special modifications to make the home more liveable | 33 | <input type="checkbox"/> |
| 06. Transportation services | 34 | <input type="checkbox"/> |
| 07. Social services (homemaking, day care) | 35 | <input type="checkbox"/> |
| 08. Nursing or attendant care | 36 | <input type="checkbox"/> |

09. Equipment maintenance and repair	37	<input type="checkbox"/>
10. Educational services	38	<input type="checkbox"/>
11. Special food	39	<input type="checkbox"/>
12. OTHER (specify) _____	40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. OTHER (specify) _____	43	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

MODULE 08 – COMMUNITY SUPPORT SERVICES – – INFORMATION, HEALTH AND SOCIAL SERVICES –

8-1

DO YOU FEEL PEOPLE LIKE YOURSELF ARE MADE SUFFICIENTLY AWARE OF GOVERNMENT OR AGENCY SERVICES DEALING WITH ONTARIO'S DISABLED?

1. No. Ask Q. 8-2 46 ☐
2. Yes. Go to Q. 8-3

8-2

I'D LIKE TO READ YOU A LIST OF SERVICES. PLEASE TELL ME WHICH ONES NEED TO BE ADVERTISED BETTER BY GOVERNMENT, AGENCIES OR GROUPS?

- | | | |
|--|----|--------------------------|
| 1. Information on access to buildings | 47 | <input type="checkbox"/> |
| 2. Accommodation and housing | 48 | <input type="checkbox"/> |
| 3. Advisory and advocacy groups | 49 | <input type="checkbox"/> |
| 4. Special aids or equipment | 50 | <input type="checkbox"/> |
| 5. Camps | 51 | <input type="checkbox"/> |
| 6. Counselling | 52 | <input type="checkbox"/> |
| 7. Day care/nursery programs | 53 | <input type="checkbox"/> |
| 8. Driver information | 54 | <input type="checkbox"/> |
| 9. Educational services | 55 | <input type="checkbox"/> |
| 10. Employment services | 56 | <input type="checkbox"/> |
| 11. Social/recreational activities | 57 | <input type="checkbox"/> |
| 12. Financial assistance | 58 | <input type="checkbox"/> |
| 13. Health services | 59 | <input type="checkbox"/> |
| 14. Social services | 60 | <input type="checkbox"/> |
| 15. Assisted home improvement programs | 61 | <input type="checkbox"/> |
| 16. Information services | 62 | <input type="checkbox"/> |

CARD 8

1 0 8 ☐☐☐☐☐☐☐☐ 8

- | | | |
|------------------------|----|--------------------------|
| 17. Insurance programs | 9 | <input type="checkbox"/> |
| 18. Parent groups | 10 | <input type="checkbox"/> |

19. Equipment repairs	11	<input type="checkbox"/>
20. Sports information	12	<input type="checkbox"/>
21. Transportation services	13	<input type="checkbox"/>
HAVE I MISSED ANY?		
22. OTHER (specify) _____	14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

8-3

DO YOU FEEL THAT IN THE LAST 12 MONTHS YOU NEEDED A PARTICULAR MEDICAL OR REHABILITATIVE SERVICE RELATED TO YOUR CONDITION?

1. No. Go to Q. 8-7	17	<input type="checkbox"/>
2. Ambulance service	18	<input type="checkbox"/>
3. Artificial limbs	19	<input type="checkbox"/>
4. Hospitalization	20	<input type="checkbox"/>
5. Insurance coverage (OHIP, Blue Cross)	21	<input type="checkbox"/>
6. Mobility aids (canes, wheelchairs, etc.)	22	<input type="checkbox"/>
7. Health counselling	23	<input type="checkbox"/>
8. Dental care	24	<input type="checkbox"/>
9. Distress assistance	25	<input type="checkbox"/>
10. Drugs	26	<input type="checkbox"/>
11. Care at home (attendants)	27	<input type="checkbox"/>
12. Family planning, birth control	28	<input type="checkbox"/>
13. Diet or food counselling	29	<input type="checkbox"/>
14. Tests (blood, urine, blood pressure, etc.)	30	<input type="checkbox"/>
15. Genetic information or counselling	31	<input type="checkbox"/>
16. Genito-urinary service, leg bag	32	<input type="checkbox"/>
17. Hearing aids	33	<input type="checkbox"/>
18. Nursing care at home	34	<input type="checkbox"/>
19. OHIP information	35	<input type="checkbox"/>
20. Orthopedic shoes	36	<input type="checkbox"/>
21. Orthotic appliances	37	<input type="checkbox"/>
22. Occupational Therapy	38	<input type="checkbox"/>
23. Physiotherapy	39	<input type="checkbox"/>
24. Sex counselling	40	<input type="checkbox"/>
25. Speech therapy	41	<input type="checkbox"/>
26. Medical care or consultation	42	<input type="checkbox"/>
27. Other (specify) _____	43	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28. Other (specify) _____	46	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. Other (specify) _____	49	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

8-4

DID YOU CONTACT THE SERVICES YOU JUST MENTIONED ABOUT GETTING ASSISTANCE?

52 ☐

1. No. Go to Q. 8-7

2. Yes. Ask Q. 8-5

8-5

DID YOU RECEIVE IT?

53 ☐

1. No. Ask Q. 8-6

2. Yes. Go to Q. 8-7

3. Received some services; didn't receive others.
Ask Q. 8-6

8-6

CAN YOU TELL ME WHY YOU DIDN'T RECEIVE THE SERVICE?

54 ☐

01 I don't know the reason

02 I wasn't eligible

03 It wasn't what I needed

04 Too expensive

05 Too far — too inconvenient

06 Not a reliable or good service

07 Other (specify) _____

8-7

DO YOU FEEL YOU COULD NOW BENEFIT FROM MORE REGULAR HEALTH CARE, OR MEDICAL TREATMENT?

56 ☐

1. No

2. Yes (specify) _____ 57 ☐

3. Don't know

CARD 9 1 0 9 8

8-8

NOW LET'S TURN TO THE VARIOUS SOCIAL SERVICES.
DURING THE LAST YEAR, DID YOU FEEL YOU NEEDED A PARTICULAR SOCIAL SERVICE RELATED TO YOUR CONDITION, SUCH AS; HOMEMAKERS, CHILD CARE, COUNSELLING, etc.

1. No. GO TO MODULE 09

9 ☐

2. Accommodation or housing

10 ☐

3. Advisory and advocacy groups

11 ☐

4. Equipment services (including repairs) aids, devices

12 ☐

5. Camps

13 ☐

6. Financial assistance

14 ☐

7. Counselling

15 ☐

8. Crisis intervention

16 ☐

9. Day care/nursery programs/parent relief

17 ☐

- | | | |
|-----|----------------------------------|---|
| 8-8 | 10. Vocational rehabilitation | 18 <input type="checkbox"/> |
| | 11. Employment | 19 <input type="checkbox"/> |
| | 12. Transportation | 20 <input type="checkbox"/> |
| | 13. Social/recreational programs | 21 <input type="checkbox"/> |
| | 14. Diet, nutrition services | 22 <input type="checkbox"/> |
| | 15. Home care programs | 23 <input type="checkbox"/> |
| | 16. Homemaker services | 24 <input type="checkbox"/> |
| | 17. Meals-on-Wheels | 25 <input type="checkbox"/> |
| | 18. Information and advice | 26 <input type="checkbox"/> |
| | 19. Nursing homes, residences | 27 <input type="checkbox"/> |
| | 20. Other (specify) _____ | 28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 21. Other (specify) _____ | 31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 22. Other (specify) _____ | 34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- | | | |
|-----|------------------------------|-----------------------------|
| 8-9 | DID YOU CONTACT THE SERVICE? | 37 <input type="checkbox"/> |
| | 1. No. Go to Q. 8-12 | |
| | 2. Yes. Ask Q. 8-10 | |

- | | | |
|------|---------------------|-----------------------------|
| 8-10 | DID YOU RECEIVE IT? | 38 <input type="checkbox"/> |
|------|---------------------|-----------------------------|

- | | |
|--|--|
| <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center; margin-bottom: 10px;">8-11</div> | <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">1. No. Ask Q. 8-11</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">2. Yes. Go to Q. 8-12</div> <div style="border: 1px solid black; padding: 2px;">3. Received some services, didn't receive others.
Ask Q. 8-11</div> |
|--|--|

- | | | |
|--|---|--|
| | CAN YOU TELL ME WHY YOU DIDN'T RECEIVE THE SERVICE? | 39 <input type="checkbox"/> <input type="checkbox"/> |
| | 01 I don't know the reason | |
| | 02 I wasn't eligible | |
| | 03 It wasn't what I needed | |
| | 04 Too expensive | |
| | 05 Too far – too inconvenient | |
| | 06 Not a reliable or good service | |
| | 07 Other (specify) _____ | |

INTERVIEWER: If the Respondent has mentioned some social and/or medical service, then ask the next question, Q. 8-12.

REGARDING THE VARIOUS MEDICAL AND SOCIAL SERVICES, WE'VE TALKED ABOUT, WHICH ORGANIZATIONS HAVE BEEN MORE HELPFUL TO YOU THAN OTHERS DURING THE LAST YEAR?

COULD YOU PLEASE TELL ME WHICH WERE THE —

Most helpful? (Probe names)

1. _____ 41 ☐
2. _____ 43 ☐
3. _____ 45 ☐

Least helpful? (Probe names)

1. _____ 47 ☐
2. _____ 49 ☐
3. _____ 51 ☐

Most needed, but not available? (Probe names)

1. _____ 53 ☐
2. _____ 55 ☐
3. _____ 57 ☐

MODULE 09 — LEISURE AND RECREATION

- 9-1 ARE THERE ANY LEISURE OR RECREATIONAL ACTIVITIES YOU WOULD LIKE TO DO, BUT CANNOT? 59 ☐
1. No. Go to Module 10
2. Yes. Ask Q. 9-2, 9-3
- 9-2 WHICH WOULD YOU MOST LIKE TO DO?
1. _____ 60 ☐
2. _____ 62 ☐
3. _____ 64 ☐
- 9-3 WHAT WOULD YOU SAY *MOST* LIMITS YOU FROM DOING THESE ACTIVITIES? 66 ☐
- 01 There is no opportunity to participate near my home
- 02 It costs too much to participate (including equipment costs)
- 03 The facilities or area to do it near my home are poor quality, inadequate, not challenging
- 04 The facilities near my home are too crowded
- 05
- 06 I am physically unable to participate
- 07 Not enough time — because of work(school)
- 08 Not enough time — because of responsibilities at home

09 Too dangerous

10 Other (specify) _____

MODULE 10 – TRANSPORTATION

EARLIER, WE ASKED YOU WHETHER YOU COULD GET INTO PARTICULAR BUILDINGS: NOW, WE WOULD LIKE TO ASK YOU WHETHER TRANSPORTATION TO THE BUILDING IS DIFFICULT.

10-1
FLASH
CARD

WHICH BEST DESCRIBES HOW YOU CAN MAKE USE OF REGULAR *PUBLIC* BUS OR STREET CAR TRANSPORTATION?

68 ☐

1. Can't use at all. Physically unable
2. Must have human assistance getting to, onto, or off public transportation services
3. Must have assistance of a device or aid to get on or off
4. Don't need assistance, but have difficulty
5. No problems at all. Go to Q. 10-3
6. Not available in this community

10-2
FLASH
CARD

WHAT MAKES IT DIFFICULT FOR YOU TO USE *PUBLIC* TRANSPORTATION SERVICES?

69 ☐

- 01 Getting to the service
- 02 Public transportation is poor/non-existent
- 03 Toilet needs
- 04 Availability of right service
- 05 Cost
- 06 Getting on and off (stairs)
- 07 Location of transportation services
- 08 Weather
- 09 Escalators
- 10 Other (specify) _____

10-3
FLASH
CARD

WHICH BEST DESCRIBES HOW YOU CAN MAKE USE OF *PRIVATE* TRANSPORTATION, SUCH AS A CAR OR TAXI.

71 ☐

1. Can't use at all: Physically unable.
2. Must have human assistance getting in or out.
3. Must have the assistance of a device or aid to get in or out.
4. Don't need assistance, but have difficulty.
5. No problems at all.

10-4
FLASH
CARD

DO YOU USE SPECIAL TRANSPORTATION SUCH AS VAN SERVICES OR WHEEL TRANS, AND IF SO WHICH DO YOU MOST OFTEN USE?

72 ☐

- 1 Can't use any: Physically unable.

- 2 Ambulance.
- 3 Can only use van services (parallel transportation or wheel-trans. services).
- 4 Able to use specially scheduled buses, if assisted.
- 5 No problems at all with any type of transportation.
- 6 Don't use any
- 7 Not available in this community

If the Respondent lives in
Metro Toronto, ask Q. 10-5

10-5
FLASH
CARD

WHICH BEST DESCRIBES HOW YOU MAKE USE OF THE SUBWAY?

73 ☐

- 1 Can't use: Physically unable.
- 2 Must have human assistance getting into, or getting out of the station.
- 3 Must have assistance of a device or aid to get on or off vehicle.
- 4 Don't need assistance, but have difficulty.
- 5 No problems at all.

10-6

WHICH TYPE OF ACTIVITY USUALLY PRESENTS THE MOST
SERIOUS TRANSPORTATION PROBLEMS FOR YOU?

74 ☐

- 1 None
- 2 Social
- 3 Shopping
- 4 Medical care/treatment
- 5 Recreational
- 6 Work
- 7 School/Education
- 8 All
- 9 Other (specify) _____

CARD 10 ID No.

1	0						
---	---	--	--	--	--	--	--

MODULE 11 – ACCOMMODATION

11-1
INSTITUTION
QUESTION
ONLY

NAME OF INSTITUTION AND TYPE.

9 ☐ ☐ ☐

INTERVIEWER: Refer to dwelling type picture card

11-2 THE RESPONDENT'S DWELLING TYPE -- CIRCLE ANSWER --

12 ☐

- 01 -- Single Detached, 02 -- Single House Attached, 03 -- Semi Detached,
04 -- Row House, 05 -- Duplex, 06 -- Apartment, 07 -- Mobile Home,
08 -- Institution, 09 -- OTHER.

11-3 HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

☐ Months

☐ Years

14 ☐ ☐ ☐ ☐
M M Y Y

INTERVIEWER: If more than five years enter "O" in Q. 11-4

11-4 HOW MANY TIMES HAVE YOU MOVED DURING THE PAST FIVE YEARS? 18 ☐

☐ Times

If 'O', go to Q. 11-6: if not in an institution go to Q. 11-8.

11-5 GENERALLY SPEAKING, WHAT IS THE MAIN REASON FOR MOVING? 20 ☐

- 01 Can't afford rent
02 Treatment better elsewhere
03 Family moved
04 Better accommodation
05 Better access to services
06 Better access to employment
07 Better access to education
08 To be more independent
09 No special reason
10 Other (specify) _____

11-6
INSTITUTION
QUESTION
ONLY

COULD YOU PLEASE TELL ME THE REASON YOU ARE NOW LIVING HERE? 22 ☐

- 1 Need special help or care
2 Need special medical treatment
3 Can't live independently outside
4 My health is poor
5 My family can't care for me
6 Don't know
7 Other (specify) _____

11-7
INSTITUTION
QUESTION
ONLY

WHAT IS THE POSSIBILITY OF BEING DISCHARGED TO A PRIVATE HOME, APARTMENT, OR OTHER ACCOMMODATION? 23 ☐

1. Don't know
2. Not likely
3. Likely, if special services, accommodation, or equipment could be provided

4. Likely, without special care
5. Other (specify) _____

11-8
DELETE IF
IN AN
INSTITUTION

IS THIS A GOOD PLACE FOR YOU TO LIVE?

24 ☐

1. No Ask Q. 11-9

2. Yes. Go to Q. 11-11

11-9

WHAT TYPE OF ACCOMMODATION WOULD BE BETTER
SUITED FOR YOU?

25 ☐

- 01 Better design/fewer physical barriers
- 02 Institutional care
- 03 Better location, more convenient
- 04 More private accommodation
- 05 Closer to friends
- 06 Less expensive
- 07 More space
- 08 Housing with support services

11-10

HAVE YOU APPLIED FOR SOME SPECIAL TYPE OF ACCOMMO-
DATION, OR HAVE YOU AN OUTSTANDING APPLICATION
FOR SOME SORT OF RESIDENTIAL CARE?

27 ☐

1. No

2. Yes (specify names) 28 ☐☐☐☐☐☐☐☐ 35

36 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

51 ☐☐☐☐☐☐

11-11
DELETE IF
IN AN
INSTITUTION

HAVE YOU (OR HOUSEHOLDER) MADE ANY ALTERATIONS OR
ADJUSTMENTS TO YOUR HOME THAT HELPED YOU MAKE FUL-
LER USE OF THE HOUSE?

58 ☐

1. No. Ask Q. 11-12

2. Yes. Go to Q. 11-14

11-12

IS THERE ANY REASON WHY YOU HAVEN'T?

59 ☐

- 01 No special reason
- 02 No need
- 03 Cost factor
- 04 Non-availability of products/services
- 05 Don't know where to go for information
- 06 I rent this unit
- 07 Just a temporary residence
- 08 Other (specify) _____

1. No. Go to Q. 12-1

2. Yes. Go to Q. 11-14

CARD 11 ID No.

--	--	--	--	--	--	--	--

11-14 DELETE IF IN AN INSTITUTION
--

COULD YOU PLEASE TELL ME WHAT THESE CHANGES ARE?

- | | |
|--------------------------------|--|
| 1. To staircases/steps | 9 <input type="checkbox"/> |
| 2. To ramps | 10 <input type="checkbox"/> |
| 3. To handrails | 11 <input type="checkbox"/> |
| 4. To thresholds | 12 <input type="checkbox"/> |
| 5. To windows | 13 <input type="checkbox"/> |
| 6. To doors | 14 <input type="checkbox"/> |
| 7. To internal walls | 15 <input type="checkbox"/> |
| 8. To floor finishes | 16 <input type="checkbox"/> |
| 9. To entrances | 17 <input type="checkbox"/> |
| 10. To kitchens | 18 <input type="checkbox"/> |
| 11. To living rooms | 19 <input type="checkbox"/> |
| 12. To dining rooms | 20 <input type="checkbox"/> |
| 13. To bedrooms | 21 <input type="checkbox"/> |
| 14. To bathrooms | 22 <input type="checkbox"/> |
| 15. To garage | 23 <input type="checkbox"/> |
| 16. To other rooms | 24 <input type="checkbox"/> |
| 17. To appliances or equipment | 25 <input type="checkbox"/> |
| 18. To special aids or devices | 26 <input type="checkbox"/> |
| 19. To other (specify) _____ | 27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. To other (specify) _____ | 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 21. To other (specify) _____ | 33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

MODULE 12 – ATTITUDES

12-1

SOME PEOPLE FEEL THAT THE GENERAL PUBLIC DISCRIMINATES AGAINST THE DISABLED OR THE HANDICAPPED. HAVE YOU PERSONALLY EXPERIENCED ANY DISCRIMINATION RELATED TO YOUR CONDITION IN THE LAST TWELVE MONTHS?

36 ☐

1. NO. Go to Q. 12-3.

2. Yes. Ask Q. 12-2

12-2

COULD YOU DESCRIBE A "TYPICAL" SITUATION WHERE THIS OCCURRED?

12-3

WHAT THINGS DO YOU FEEL THE GOVERNMENT COULD OR SHOULD DO TO HELP PEOPLE WHO ARE DISABLED AND, IN PARTICULAR, PEOPLE WHO HAVE YOUR CONDITION?

1. More legislation 37 ☐
Specify type _____
2. More or better information services 38 ☐
Specify type _____
3. More financial benefits 39 ☐
Specify _____
4. More services 40 ☐
Specify type _____
5. More PR and public education 41 ☐
Specify _____
6. Improve services 42 ☐
Specify how _____
7. Other (specify) _____ 43 ☐☐☐
8. Other (specify) _____ 46 ☐☐☐

12-4

WHAT DO YOU FEEL PRIVATE OR VOLUNTARY AGENCIES (LIKE THE MARCH OF DIMES) CAN DO TO BEST HELP PEOPLE WITH THESE PROBLEMS?

1. More advocacy 49 ☐
Specify type _____
2. More or better information on services 50 ☐
Specify type _____
3. Improve services 51 ☐
Specify how _____
4. More services 52 ☐
Specify which _____
5. Other (specify) _____ 53 ☐☐☐
6. Other (specify) _____ 56 ☐☐☐

MODULE 13 – FAMILY FEEDBACK

13-1
CHILD
ONLY

ADULT
ONLY

HOW DO YOU THINK HAVING A CHILD LIKE _____ (NAME) _____
WITH SPECIAL NEEDS HAS AFFECTED YOUR PERSONAL NEEDS?
(OR)

59 ☐

HOW DO YOU THINK YOUR CONDITION HAS AFFECTED YOUR IM-
MEDIATE FAMILY?

- 01 No problem
- 02 Brought us together/improved life/more co-operation
- 03 Created family stress/fatigued/depression
- 04 Made us aware of others with problems
- 05 Created financial difficulties
- 06 Required special re-arrangements (such as vacations)
- 07 Other (specify) _____

If other children in family, ask:

13-2

DO YOU THINK HAVING A CHILD LIKE _____ (NAME) _____
WITH SPECIAL NEEDS HAS AFFECTED YOUR OTHER CHILD/
CHILDREN?

61 ☐

- 01 No problem
- 02 Brought them together/improved relationship
- 03 Rivalry
- 04 Stress/tension
- 05 Better awareness of all family member needs
- 06 Created financial problems
- 07 Required special re-arrangements (such as vacations, camping)
- 08 Other (specify) _____

13-3
CHILD
ONLY

ADULT
ONLY

HOW DO YOU THINK HAVING A CHILD LIKE _____ (NAME) _____
HAS AFFECTED YOUR RELATIONSHIP WITH YOUR SPOUSE?
(OR)

63 ☐

HOW DO YOU THINK YOUR CONDITION HAS AFFECTED YOUR
RELATIONSHIP WITH YOUR SPOUSE?

- 01 No problem
- 02 Brought us together
- 03 Stress/tension increased
- 04 Free time activity problems
- 05 Created financial problems
- 06 Required special arrangements, eg: vacations
- 07 Not married or living with anyone
- 08 Other (specify) _____

14-1

I'VE ASKED YOU MANY QUESTIONS ABOUT YOURSELF. HOW THOROUGHLY DO YOU THINK THIS INTERVIEW ALLOWED YOU TO EXPLAIN YOUR SITUATION TO ME TODAY?

65 ☐

1. Completely

2. Somewhat — partially

3. Not at all

14-2

IS THERE ANY OTHER INFORMATION YOU'D LIKE TO ADD WHICH YOU FEEL WILL HELP US UNDERSTAND YOU BETTER?

66 ☐

1. No

2. Yes (specify) _____

IN THIS INTERVIEW WE HAVE ASKED YOU A NUMBER OF QUESTIONS ON DIFFERENT ASPECTS OF YOUR CURRENT SITUATION.

14-3

FLASH CARD

COULD YOU NOW SUMMARIZE FOR ME ALL OF THESE ANSWERS BY DESCRIBING HOW YOUR LIFE IS AFFECTED BY YOUR CONDITION?

67 ☐

AT THE PRESENT TIME MY CONDITION CAUSES ME :

1. Very serious inconvenience

2. Moderate inconvenience

3. Very little inconvenience

4. No inconvenience

THANK YOU FOR YOUR TIME, YOU HAVE BEEN MOST HELPFUL, I JUST NEED A FEW MORE MINUTES THOUGH, TO CHECK THE ANSWERS.

AS I MENTIONED, ALL OF YOUR ANSWERS WILL BE HELD IN THE STRICTEST OF CONFIDENCE, AND I APPRECIATE YOUR HELP VERY MUCH.

FINALLY, IF SOMEONE SHOULD CALL YOU BACK AND ASK SOME OF THE SAME QUESTIONS AGAIN, IT'S JUST A CHECK TO MAKE SURE I'M DOING MY JOB, WE'RE *NOT* CHECKING UP ON YOU.

GOOD DAY/NIGHT

MODULE 15 – INTERVIEW FEEDBACK

15-1	WAS THE RESPONDENT	68	<input type="checkbox"/>
	1. Very co-operative		
	2. Somewhat co-operative		
	3. Somewhat unco-operative		
	4. Very unco-operative		
15-2	DID RESPONDENT SEEM	69	<input type="checkbox"/>
	1. Alert		
	2. Slightly confused		
	3. Quite disoriented		
15-3	WAS RESPONDENT'S SPEECH	70	<input type="checkbox"/>
	1. Easy to understand		
	2. Somewhat difficult to understand		
	3. Very difficult to understand		
15-4	DID THE RESPONDENT HAVE SIGNIFICANT DIFFICULTY IN UNDERSTANDING OR REPLYING TO YOUR QUESTIONS?	71	<input type="checkbox"/>
	1. No		
	2. Speech or communication problems (including hearing)		
	3. Comprehension		
	4. Focus or inability to concentrate		
	5. Other (specify) _____		
15-5	WERE THE RESPONDENT'S ANSWERS INFLUENCED BY ANY OTHER PERSON OR PERSONS PRESENT DURING THE INTERVIEW? (INCLUDE INTERPRETERS AND PROXIES)	72	<input type="checkbox"/>
	1. No		
	2. Parent		
	3. Friend		
	4. Other relative		
	5. Interpreter		
	6. Other (specify) _____		
15-6	RESPONDENT'S DEPENDENCE ON OTHERS FOR INTERVIEW WAS	73	<input type="checkbox"/>
	1. Extensive		
	2. Moderate		
	3. Not at all		
15-7	ANY COMMENT?	74	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	_____	76	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	_____	78	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Interviewer Instructions and Coding Directions for the
“Ontario Health Survey of Special Populations” Questionnaire.

THE ONTARIO HEALTH SURVEY OF SPECIAL POPULATIONS

Interviewer Instructions and Coding Directions

Introduction:

This is your copy of the Interviewer’s Manual and coding instructions for the *Ontario Health Survey of Special Populations*. If read and studied along with a copy of the survey questionnaire it will assist you in conducting complete and accurate interviews.

This province wide survey has been commissioned by the Ontario Government’s Ministry of Health and a group of private agencies. The purpose of the Ontario Health Survey is to develop an understanding of the needs of the physically handicapped in Ontario. The results will contribute to the Government’s information data base, necessary for effective future policies and programs for the physically handicapped population.

The Ontario Health Survey of Special Populations is an important study for both the government and for Market Perspectives Inc. Your understanding and knowledge of the contents of this document and of the actual questionnaire are essential to the successful completion of the survey. This is above all, *not* a mere survey on consumer products or tastes. You will be dealing with many people who may be highly sensitive about their physical condition and have to ask these people intensely personal questions. Accordingly, a high degree of empathy, compassion, and understanding is required of you.

Although the questionnaire is several pages long, it is not complicated and is very straight forward. Carry the instructions with you for each interview for any possible questions. But because very few people will have to answer every question, your understanding of the directions is necessary to guide you accurately from section to section and to keep the interview time to our expected one hour or less. If there are any difficulties or problems with the interview, report them immediately to your supervisor.

No matter how much planning and work we do, the ultimate success of the study rests on you, the interviewer. This survey will require you to be alert and quick thinking. You will be representing our company and our client – The Ontario Government – and will be expected to conduct the interviews in an efficient, polite and sensitive manner. You will be interviewing people from all walks of life, and based on the Pilot Phase of this project you will find this interview process to be highly rewarding, sometimes frustrating, and in the last analysis, a truly educating experience.

Interview Instructions:

Before you are given your interview assignments, the supervisor will have already ascertained by phone who is handicapped and the nature of their disability and will have received permission for an interview. NOTE! It is up to you to then call the person to arrange a convenient time for the interview, a time convenient to them! !

In cases where the respondent is a child (under 16), the parent or guardian must be spoken with and if you discover a speech or hearing problem, an intermediary must be used. Bring this to the attention of your supervisor who will arrange the necessary proxies or interpreters.

If there is more than one person in the residence with a physical or health problem, *separate* interviews must be arranged. If you find that the person may be retarded or their

mental health too poor to understand the question in the questionnaire, discreetly end the interview saying that you might like to ask further questions at a later date. After leaving, call your supervisor to determine whether another interview attempt is warranted. Naturally any refusals to be interviewed should be reported to your supervisor.

Setting Up The Appointment

In this study you will be interviewing male and female adults as well as children 12 years of age and over. Since many of the selected respondents may be working during the day time, or at school, your calls to set up the interviews will be at different times of the day.

Should you set up an appointment and find the respondent not at home, then you must re-establish contact. This is why appointments should not be made too far in advance. If this is the case, a quick reminder telephone call one day in advance must be done. The respondent should be told that the interview will last about one hour.

Callbacks

For most people you should use the telephone as much as possible in order to set up appointments. Where a person is deaf or hard of hearing you may still contact their home and make the appointment through another family or household member. Should they not have a telephone, then you must arrange the interview in person. This may mean that you will have to go back to the home of the person up to a maximum of two times.

Refusals

If by any chance you are greeted with a refusal, remember one thing: be polite! Try to establish the reason for the refusal. If your diplomacy fails, inform your supervisor as soon as possible.

When you enter a house introduce yourself to the respondent. If they request, hand them your I.D. and have them read the Government identification letter so they fully understand the reason for conducting the study. Once you've done this, you are ready to begin the interview.

Scheduling Your Work, Interview Instructions, and Coding

Plan your work in advance so that you will complete as many interviews as possible when you are in the field. Make maximum use of the hours that you are out interviewing. Once the interview questions are over, tell the respondent you will need another five minutes or so to confirm that each question has been answered. **DO NOT HURRY**. An ongoing ten percent of all respondents will be called back and each will be asked if you took the time to review the answers.

It is absolutely critical that the coding be completed immediately after the interview while your memory is fresh. At the very worst complete the coding on the same day as the interview. Since the information from the interview will eventually be keypunched for computer analysis, an improperly coded questionnaire or one which is only partially coded is useless to us. Accurately collecting the information and coding it properly is therefore essential.

Some of the questions in the questionnaire will have an outline box surrounding the question number with the words **FLASH CARD** inside the box. When you come to a **FLASH CARD** box question, show the respondent the appropriate flash card. Other cue boxes throughout the questionnaire corresponding to various questions are self-explanatory, such as – adult only, child only, institution only.

Regarding blind respondents: In most cases you will know when you telephone to set the appointment whether a person is blind. If so, ask if they can read braille. If they can read braille, then use the braille flash cards. If they cannot read braille, repeat the answer at least twice.

Before asking a question with a flash card box beside it, hand the appropriate flash card to the respondent, “Please look at these possible answers to the next question” then read the question *and* the answers. After the respondent answers, place the card back at the bottom of the flash card deck. Before you start the interview make certain the flash cards are organized in numerical order to avoid unnecessary shuffling.

If the respondent is less than twelve years old, the parent or guardian must answer but the child can be present. If the respondent is between twelve and sixteen years he or she may elect to respond but the parent or guardian must be present.

If the respondent is deaf and uses sign language, an interpreter must be arranged. Your supervisor will arrange the hiring of interpreters for languages other than English, and please note that where a parent, guardian, interpreter, or proxy assist in the interview, we want the *respondent's* answers and opinions and not those of the person assisting. Finally, by way of a general instruction for all answers to all questions in the questionnaire, you must circle each answer and code the answer. This will minimize coding errors.

MODULE 01 – INTRODUCTION TO THE SURVEY

Q. 1-1 Do not probe the respondent on this question. Many respondents will answer no. Should particular questions be asked, simply jot down the type of question in the space provided.

MODULE 02 – BASIC INFORMATION

- Q. 2-1 Do not ask this question. Simply code 1 for male, 2 for female.
- Q. 2-2 Make **sure** you have the exact date of birth of the respondent. Should the respondent not be able to recall his/her birth date, attempt to estimate the year of birth. In the first two coding boxes provided, indicated by the initials DD, put the day. Thus if the person was born on the 6th day of the month you would code 06. Similarly, put the month and then the last two digits of the year.
- Q. 2-3 Please be sure to differentiate between those never married and those formerly married.
- Q. 2-4 Relationship to Head of Household. Head of household means wage earner. Thus we are interested in the respondent's familiar relationship to the main wage earner. For example if the respondent is a child we are interested in the relationship of the child to the Head of the Household, not that of the person who is answering in place of the child. Assuming the child is the son or daughter of the head of the Household, you would code 03 if the child was male, or 04 if the child was female. If both adults are working then the choice is the respondents. At times people refuse to answer this question – do not insist. If the respondent is living alone, code 25.
- Q. 2-5 Have the respondent name the other household members. Then obtain the relationship of these to the respondent, their ages, and whether or not they are physically impaired. For each household member code in one of the sets of 5 boxes as follows:
- a) In the first two boxes code the relationship using the same categories as the question. These are boxes 21 and 22 for the first household member.
 - b) In the next two boxes write the household members' age (boxes 23 and 24 for the first household member).
 - c) In the fifth box code if the household member is impaired or not (1 for *not* impaired, 2 for impaired). This is box 25 for the first household member.

Please note that if the respondent mentions that there are members of the household who are currently living elsewhere, such as at a university or institution, verify whether the permanent address of these individuals is the same as the respondent's. If so then these are considered regular household members.

- Q 2-6 This question refers to the language usually spoken in this residence. For infants,
2-7 please use the language most often spoken in the home. Those unable to speak (the deaf) should use reading and writing ability in language preferred. In situations where a respondent claims to speak two languages equally, ask him or her which they prefer to use at home. Code as:

01. English
02. French
03. Arabic
04. Baltic – Slavik – Finnougrish – Finnish – Estonian
05. Chinese
06. Czech/Slovak
07. German
08. Greek
09. Indo-Pakistani
10. Innuait
11. Italian
12. Japanese
13. Hungarian
14. Native Indian
15. Netherlandic – Dutch
16. Polish
17. Portuguese
18. Romanian
19. Russian
20. Scandinavian
21. Spanish
22. Ukranian
23. Yiddish/Hebrew
24. Yugoslavian
25. Others

- Q. 2-8 Code as: (01-12 Canada; 13-99 Other)

01. British Columbia
02. Alberta
03. Saskatchewan
04. Manitoba
05. Ontario
06. Quebec
07. Newfoundland
08. Nova Scotia
09. New Brunswick
10. Prince Edward Island
11. Northwest Territories
12. Yukon
13. U.S.A.
14. British Isles
15. Europe (West)
16. Europe (East)
17. West Indies
18. Middle East
19. South America
20. Africa
21. Far East
22. Australia/New Zealand
23. Other.

- Q. 2-9 Where a respondent has difficulty recalling the exact grade, please ask them to estimate what grade they think they completed. If the respondent is from an educational system different from ours or an educational system which did not use grades, then ask the respondent for the number of years they attended the school. Then you must estimate the appropriate category based on those we have provided. (03 1-5 years; 04 5-8 years; 05 9-11 years)
- Q. 2-10 Record the actual degrees, diplomas, certificates, and courses that have been begun, completed, or are currently in progress. For each degree, put the degree code in the first two boxes (boxes 11 and 12 for the first degree) and the status in the third box (box 11 for the first degree). The degree codes are as follows:
01. BA
 02. BSC
 03. B. Comm.
 04. B. Eng.
 19. Other Baccalaureate Degree
 20. MA
 21. MSC
 22. Other Masters Degree
 30. Ph. D.
 31. Other Doctoral Degree
 40. Law
 50. Technical or Trade School Certificate/Diploma
 60. Science Certificate/Diploma (Community College)
 70. Arts or Commerce Certificate/Diploma (Comm. College)
 80. Vocational Rehab. Programs
 90. Other types of courses.

MODULE 03 – DISABILITY CLASSIFICATION

- Q. 3-1 Ask the respondent to use their own preferred term for people with physical problems. Throughout the survey this word may be substituted for words such as “your condition” or “your situation”.
- Q. 3-2 This question is extremely important. Where necessary, the respondent should be encouraged to be as exact as possible. For example, if a person says their main problem is that they cannot walk, then inquire as to the cause of the difficulty. If the respondent says, “Because I am paralyzed,” then write in “legs paralyzed”. Try to use the exact expression or term for the condition that the respondent provides. Then code the answer from the list below. You can write up to four conditions or physical problems per respondent. The following are the code words that you will use:
01. LEGS
 02. FEET
 03. ARMS
 04. HANDS/FINGERS
 05. SIGHT
 06. HEARING
 07. SPEECH
 08. VISCERAL (internal problems dealing with bowel, bladder, digestion, etc.)
 09. ENDURANCE (cannot do normal activities for any long period of time, but have visible physical impairments)
 10. BALANCE (same as above, but refers to standing)
 11. PAIN (unspecified, such as “back” or “leg” pain)
 12. OTHER
 13. HEAD/NECK
 14. BONES/CARTILAGE

15. SPINE/DISC (tumor)
16. ALLERGIES
17. HEART/LUNGS
18. KIDNEYS (other organs)
19. NEUROLOGICAL/NERVES
20. BLOOD/VEINS

Please remember to write in the exact words of the respondent so that, if we have to re-code or re-classify these words, we will have the condition as described by the respondent.

- Q. 3-3 Here the respondent is asked to state the medical term for their condition. If the respondent has already told you, there is no need to ask again. However, where the respondent's condition or problem has been described as above, the you should probe in question 3-3 as to the extra medical term. Again, the exact words of the respondent must be recorded. Up to four conditions can be written in.
- Q. 3-4 Each condition of Q. 3-3 can have up to two causes recorded. For example, if condition 1 was a result of an illness at birth, you would code 21 in the boxes. If the condition was a result of an unknown cause of illness, you can code 92. If there was only one cause for the condition, simply put into the *first* box the number that most closely represents the reason for the condition. It may be necessary to remind the respondent of each of the conditions that he or she may have mentioned in question 3-2.
- Q. 3-5 If the respondent has been disabled for less than one year, code 99. If the respondent does not answer or cannot remember how long they have been disabled, code 00. Otherwise, record the number of years in the two boxes provided. For example, two years would be coded as 02.
- Q. 3-6 At the conclusion of question 3-5, if the respondent has stated that they have a hearing problem or if you know in advance that they are deaf or hard of hearing, then ask question 3-6 to question 3-12. If you suspect that the person has hearing difficulties, then ask the questions as well. This is a flash card question.
- If the respondent does not have a hearing problem, code '5' in box 48 then proceed to question 3-13 if they are blind, or question 3-17 if they have a speech problem. Where the respondent does not have a hearing, sight, or speech problem, proceed to Module 04.
- Q. 3-10 Please be sure to note that some people don't have these devices, nor do they need them. This would be category three on your coding. You must also establish which devices the respondent has, and then which devices they also feel they need.
- Q. 3-12 As the conclusion of question 3-12 if the respondent is blind or if you suspect that they have sight problems, then ask questions 3-13 to 3-16.
- Q. 3-13 Certified legally blind means registered with the CNIB. All other cases are *not* certified.
- Q. 3-16 There are two questions to be asked. First establish the mobility assistance most often used, then ask the one most needed. Again, be aware of those who don't use any mobility assistance nor do they have any need of it. This is code 3 on your question.
- Q. 3-17 If the respondent has a speech problem or has reported a speech problem, or if you detect a speech problem, then ask questions 3-17 and 3-18. However, if you can determine the type of speech problem, simply code the appropriate box in 3-17 and do not ask question 3-17.

MODULE 04 – NEEDS PRIORIZATION

- Q. 4-1 Please read each need area individually to the respondent. Record any other needs mentioned.

MODULE 05 – PERSONAL NEEDS/AIDS

- Q. 5-1 This is an extremely important section of the interview. You must be very careful to ask only those questions which are applicable to the respondent. Where a respondent is obviously able to do certain things, as in the case of someone who may be hard of hearing, you needn't ask for example, "Can you feed yourself"?, but simply indicate category 1 (I can do it by myself)

Wherever you see (Adult only) do not ask children those questions and code in no. 2, Not Applicable. Similarly code 1 for adults where you see (children only). Where the respondent is an infant (less than 4 years of age), code no. 2 for each of the 28 answers to question 5-1.

People who have serious functional problems in using their hands, walking, ability to move about easily and freely, will obviously be the group to which most of these questions would be appropriate. Please remember that we do not want to embarrass or insult the individual. Do not ask those questions which do not apply to the respondent. For example, where a person can function normally or do an activity without any aid or assistance, then simply code in no. 1; No Difficulty.

Another important point is that while all of us may not like to do some specific task, such as cooking, it may be something which all of us are physically able to do. Similarly, many people do not always feed or dress their children, *but* if they needed to or wanted to, could they? Therefore you must differentiate between whether or not a person can do these things because of a physical or health problem. Each of the coding categories is summarized below:

Code 1 = *Not applicable* as noted earlier with children and adult questions. It is also used in situations that refer to a wheelchair where an individual does not use one, or to activities involving servicing children where people do not have children.

Code 2 = *I can do it myself without any difficulty and without any assistance from people or devices.* This refers to an individual who may have a physical impairment but it does not interfere with this activity. This code would also be used for those people who have a physical impairment but it is totally unrelated to the activity.

Code 3 = *I can sometimes do it by myself.* This will refer to individuals who, depending on the situation, can sometimes do the activity. For example, a person who can't use one hand to do an activity may be able to use the other hand. It also describes those people who in their own home may be able to do something because of special devices but may not be able to in another home.

Code 4 = *I can do it if someone helps me.* This refers to human assistance.

Code 5 = *I can do it with an aid or device.* This includes any form of aid or device and it should be probed very carefully so as to differentiate from code 2 or 3.

Code 6 = *I think I can do it; others are doing it for me now.* This relates to people who do not do the activity right now because the service is provided.

Code 7 = *I don't know how but I can learn.* This is for individuals who express inability in doing something but only because of not having had the opportunity to learn it.

Code 8 = *I cannot do it at all, even if I wanted to.* This is for the individual who does not feel or think they can do the activity.

Code 9 is only for using the telephone.

Code 10 relates only to the question dealing with moving in a manual wheelchair.

- Q 5-2 In this question we are now asking the respondent to rank the importance of each of these activity areas. You would only ask those activities which you have already asked the respondent in 5-1. "Importance" in this question is defined as *how necessary is the task to the person for them to be independent*.
- Q. 5-3 In box 41 code either No, 1 or Yes, 2. If you have code 2, Yes, then specify up to 3 devices. Code any device mentioned by the number of the specific Activity in Q. 5-1. For instance, in 5-1, Driving a Car, is Activity number 7. Therefore if the respondent said they needed a device such as hand controls to drive a car, then enter 07 in boxes 39 and 40. Similarly, if a person uses a device or assistance for Getting In or Out of Bed (Activity # 10) code a 10 in boxes 39 and 40. You can code up to 3 activity numbers.

MODULE 06 – MOBILITY AND ACCESS

- Q. 6-1 This question determines whether the respondent has any difficulties whatsoever in entering any type of building in the community. If the respondent has no difficulty, go to the next module. If they have some difficulty, ask the rest of the module.
- Q. 6-2 Code 1 as No and 2 as Yes for each problem area.
- Q. 6-4 Ask the respondent for the most accurate answer or the answer that best reflects
6-5 their situation. We only want one answer per question. For people without any dif-
6-6 ficulties, code appropriately.

MODULE 07 – EDUCATION, EMPLOYMENT AND INCOME

- Q. 7-1 Based upon the response to this question you are instructed to follow the directions under the question and advance to the appropriate section. For example, a homemaker who works part time would be asked about employment, education, and income. A homemaker who did not work part time outside the home would only be asked education and income. In Q. 7-1 for the homemaker who worked full time, you would have coded 2 in box 12 and 5 in box 13.
- Q. 7-4 Here we are interested in learning the exact course of study the respondent might like to take, such as accounting, auto mechanics or bookkeeping. We are also interested in learning the location of the school where the respondent would like to pursue this particular course of study, e.g.: University of Toronto, Scarborough College Campus, Scarborough Ontario. Make sure you get answers to both parts of this question.

Identify up to two places of preferred study. Four spaces are provided for each one. In the first two spaces code the kind of education using the codes from 2-10 (back on Page 7). Only use code 90 if none of the others are at all applicable. However, mark as clearly as you can the exact content area. Thus, in the first two columns you would mark the subject code and in the second two columns you would indicate the place of study as the nearest city or town using the codes described below.

- | | |
|-------------------|-------------------|
| 01. Ottawa | 17. London |
| 02. Cornwall | 18. Owen Sound |
| 03. Kingston | 19. Sarnia |
| 04. Brockville | 20. Chatham |
| 05. Oshawa | 21. Windsor |
| 06. Metro Toronto | 51. North Bay |
| 07. Richmond Hill | 52. Sudbury |
| 08. Peterborough | 53. Kirkland Lake |

- | | |
|------------------------|-----------------------------------|
| 09. Barrie | 54. New Liskeard/ |
| 10. Hamilton | Haileybury/Cobalt |
| 11. Niagara Falls | 55. Timmins |
| 12. Kitchener-Waterloo | 56. Sault Ste. Marie |
| 13. Cambridge | 57. Thunder Bay |
| 14. Guelph | 58. Kenora |
| 15. Brantford | 59. Outside Ontario but in Canada |
| 16. Woodstock | 60. Outside Canada |

Therefore, 0308 would mean the respondent wanted to get a B. Comm Degree (03) while attending school in Peterborough (08).

- Q. 7-6 In this question the parent or guardian may not know the specific type of improvement desired, but may attempt to articulate the problem. Try to fit their comments into one of the answer categories.
- Q. 7-7 This question asks how long they have been employed during their career, even if they are presently unemployed, on vacation, or on strike.
- Q. 7-10 Describe the type of work using the phrase or phrases used by the respondent. If a phrase does not seem to fit any of the categories provided please leave this and notify your supervisor.
- Q. 7-12 When asking why a person may be limited in searching for or in obtaining employment, you must decide whether the reason given is related to the respondent's handicap or whether it really relates to the general prevailing economic conditions.
- Q. 7-26 The Income questions tend to be a sensitive matter. Therefore, the flash cards
7-27 should be given once again immediately before the question is asked. The emphasis should be placed on the fact that the individual does not have to state the exact amount, but rather indicate a number beside the amount which most approximates their total income before taxes. In the case of a respondent under 16 skip question 7-26 and only ask question 7-27 which deals with family income. In question 7-27 you must only record additional income. You must *not* include in this the income already mentioned in 7-26.
- Q. 7-28 Read each category to the respondent. Code 1 if no and 2 if yes.
- Q. 7-29 This asks the respondent to speak about the impact of their disability in terms of additional expenses. We are not interested in recording areas which are currently being subsidized in one way or another. We are only interested in those areas which for one reason or another, are not covered by any insurance policy, government program, private agency, or other source.

MODULE 08 – COMMUNITY SUPPORT SERVICES

- Q. 8-1 In this question you must make sure that the respondent understands that you are asking whether or not they feel they are aware of the full range of services that have been established by agencies or governments, to help people with disabling conditions. You may need to probe. Use examples from Q. 8-2.
- Q. 8-2 Ask each type of service and code 1 for no, 2 for yes.
- Q. 8-3 The respondent may need to be directed or probed if they do not understand what is meant by a medical or rehabilitative service. If this is the case explain that medical or rehabilitative service means treatment or medical services for their particular condition at a hospital, clinic, or by a professional. The respondent may list as many types of services which they felt they needed during the last year. Code 1 for no, 2 for yes.

- Q. 8-4 Remind the respondent of services they have already mentioned in question 8-3 if they do not recall.
- Q. 8-6 Probe for the answer and try to code in one of the categories already listed.
- Q. 8-7 More regular means that the respondent is now receiving treatment. Where he or she is not, the question means any treatment that he or she feels is necessary. If yes (specify) Code as in Q. 8-3.
- Q. 8-8 The general term social services may have to be explained. A social service can be described as a service which helps the individual deal with personal problems or problems of their situation through direct help such as counselling, housing, financial assistance, employment services, etc. Ask about each kind of service. Code 1 for no and 2 for yes.
- Q. 8-11 Probe as in question 8-6.
- Q. 8-12 In listing the services make sure they are as exact as possible. Probe for the exact name and location. In this question we are interested in learning about those services which the respondent feels were most helpful, least helpful, and most needed but not available. The issue here is to help the respondent report the names of the services. In the event that the exact service name cannot be recalled then have the respondent indicate the nature or type of service and location. Space has been provided for up to three names in each of the categories. Do *not* code this question.

MODULE 09 – LEISURE AND RECREATION

- Q. 9-1 If the respondent answers “I don’t know”, ask him or her to think of their free time and whether they ever feel there are things they’d like to do. Only a “yes” answer would mean you ask Q. 9-2, 9-3.
- Q. 9-2 The exact activity is required. For example, “swimming” may imply lessons, at the beach, indoor pool, and so on. Please have the respondent spell out the exact nature of their activity choices. A code sheet is provided at the *end* of this document.

MODULE 10 – TRANSPORTATION

- Q. 10-1 These four questions seek to identify the level of ability of the respondent to use
10-2 different transportation systems. We are interested in whether the respondent *could*
10-3 use these modes. Thus, if the service is not used, this must be because of a problem
10-4 and not because of a matter of choice. That is if they *had to*, could they use the
service. We are only looking for one answer to each of the questions.

MODULE 11 – ACCOMMODATION

- Q. 11-1 This should be coded before the interview begins.
- Q. 11-2 You are required to fill this in yourself. It is not necessary to ask the respondent. Select the code beside the picture which most resembles the type of home of the respondent.
- Q. 11-4 If 0 times, Code 99 in boxes 18-19.

- Q. 11-10 Try to ascertain a specific name of an institution or setting if an application has been made. Code 1 for no and 2 for yes in the box provided. If yes, print the name of the organization in the other boxes.
- Q. 11-14 The respondent should be probed as to the exact types of alterations or adjustments needed in their home. Code 1 for no *need* and 2 for a *need*. Code as many as the respondent mentions.

MODULE 12 – ATTITUDES

- Q. 12-2 If a typical situation is given simply record it in the words of the respondent. There are no coding arrangements for this question.
- Q. 12-3 Emphasize to the respondent that the more exact they can be, the easier it will be for us to understand the *most* important things that they feel should be done. However, code 1 for no, and 2 for yes in each of the specified categories.
- 12-4

MODULE 13 – FAMILY FEEDBACK

- Q. 13-1 Two questions are provided here. You would ask the appropriate one given the age of respondent. Thus, if it was a child that was the respondent you would simply ask the first question of the parent. If the respondent is also the handicapped individual, you would ask the second part of the question assuming that they were over 16 years. In this module we are looking for the one area of affect. If the respondent answers more than one, only code the first.
- Q. 13-3 As Q. 13-1.

MODULE 14 – RESPONDENT FEEDBACK

This section allows the respondent to tell you how the interview went.

- Q. 14-2 Put yes or no response in box 66.

FINALLY

Before leaving, tell the respondent you need to make a quick check of the questionnaire to ensure each question was answered. DO NOT HURRY. Confirm the answers as complete and clear.

After the conclusion of the interview thank the respondent for the time they have given. Emphasize that the information they have provided is confidential. Emphasize that they have greatly assisted us in our efforts to collect reliable information on people with various types of physical problems. When you leave the respondent's home and return to your home, the office, or your car, you should then spend some time in going over the interview and checking your coding. You should also fill out the next section called Interviewer Feedback only *after* you leave the respondent.

Where there are answers which are not codeable because of complexity or difficulty (no matter how small) you must bring this to your supervisor's attention as soon as possible. Unless this information is coded properly it is of no value to this research project. You must make sure that the exact codings provided for you in this manual have been used. Where for some reason the category is not appropriate do not guess, but bring it to the attention of your field super-

visor. Make sure that all identification numbers have been included in the appropriate boxes for each card number.

You may run into a situation where the respondent refuses or can't remember the answer to some question. In all cases you must code these non responses and refusals as 0 or 00 in the appropriate boxes.

RPH-1
Q. 9-2

RECREATIONAL AND LEISURE CODE SHEET

Recreational and Sports	01.	TEAM SPORTS, hockey, football, volleyball
	02.	WINTER SPORTS, skiing, skating, snowmobiling
	03.	ALL WATER SPORTS & ACTIVITIES – not requiring equipment
	04.	ALL WATER SPORTS & ACTIVITIES – requiring equipment
	05.	RAQUET SPORTS
	06.	TRACK & FIELD
	07.	BOXING, WRESTLING, JUDO, etc.
	08.	EXERCISING, JOGGING, YOGA, etc.
	09.	HIKING, TREKKING, NATURE OUTING, etc.
	10.	CAMPING, COTTAGE VISITS, etc.
	11.	HUNTING
	12.	RECREATIONAL DRIVING
	13.	COMPETITIVE DRIVING
	14.	OUTINGS TO ZOO, FAIR, MUSEUM, SIGHTSEEING, TOURING, etc.
	15.	SPECTATOR SPORTS
Arts and Crafts	16.	OTHER RECREATIONAL ACTIVITIES OR SPORTS
	17.	THEATRICAL ARTS, e.g. singing, dancing, playing an instrument
	18.	PLASTIC ARTS, e.g. painting, sculpture, pottery
	19.	PHOTOGRAPHY
	20.	COLLECTING STAMPS, COINS, etc.
	21.	GARDENING
	22.	HOME IMPROVEMENT, DECORATING
	23.	WEAVING, KNITTING, SEWING
	24.	CARPENTRY
	25.	COOKING, BAKING
Leisure and Social Activities	26.	OTHER ARTS, CRAFTS, OR HOBBIES
	27.	ENJOYING AUDIO/VISUAL ENTERTAINMENT e.g. tv., radios, records
	28.	READING MAGAZINES, BOOKS, etc.
	29.	GOING TO FILM, CONCERT OR THEATRE
	30.	INFORMAL SOCIAL ACTIVITIES, e.g.
	31.	COMMUNITY/SERVICE ACTIVITIES, POLITICAL ORGANIZATION, YOUTH CLUBS, ETHNIC CLUBS, CHURCH WORK, SERVICE CLUBS, etc.
	32.	OTHER LEISURE & SOCIAL ACTIVITIES

CODING FOR Q. 3-2

- 01 Head/Neck
- 02 Spine/Trunk
- 03 Legs
- 04 Arms
- 05 Hands
- 06 Musculoskeletal – Multiple Involvement
- 07 Sight – Eyes
- 08 Hearing – Ears
- 09 Speech
- 10 Balance
- 11 Endurance
- 12 Pain
- 13 Internal Organs – Kidneys, Stomach, Bowel, Liver, Spleen, Bladder, Pancreas
- 14 Heart/Lungs – Respiratory
- 15 Peripheral Vascular System (other than heart problems) including circulation and blood problems
- 16 Skin
- 17 Other

01.



Single house

A structure with one dwelling only, separated by open space from all other structures, except its own garage or shed.

02.



Single house attached

A single house attached to another non-residential structure (such as a store, etc.), but separated from it by a wall extending from ground to roof.

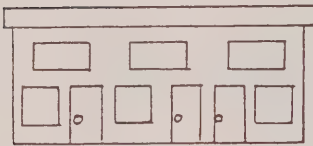
03.



Semi-detached or double house

A dwelling joined to only one other dwelling, separated from it by a wall extending from ground to roof, i.e. one of two attached dwellings separated by open space from all other structures.

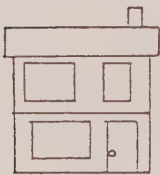
04.



Row house

Each dwelling unit in a row of three or more dwellings separated from each other by walls extending from ground to roof. "Town houses", "garden homes", "maisonnettes", etc. are considered row houses.

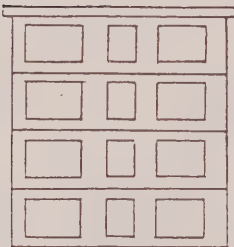
05.



Duplex

One of two dwellings, one on top of the other, but not joined to any other building. Include dwellings built as "single", but in which the basement or upper storey has been converted to form a structurally separate apartment with its own entrance.

06.



Apartment

An apartment in an apartment building or in a house that has been converted into apartments. This includes dwelling types such as triplex; quadruplex, etc., or apartment(s) in a non-residential building such as a school, or over a store.

07.



Mobile dwelling

A mobile home of any kind, such as a trailer, a houseboat, etc., used as a permanent home. If the trailer has been placed on a permanent foundation, mark "Single house".

08. *Other* – Describe



